

出國報告（出國類別：考察）

# 台灣印度雙邊教學座談暨醫療義診 出國報告

服務機關：衛生福利部臺北醫院、臺北榮總傳統醫學部、臺北市立聯合醫院

姓名職稱：臺北醫院施玲娜副院長、醫務行政室陳盈如主任

臺北榮總傳統醫學部陳方佩主任

臺北市立聯合醫院中醫科施宏昇總醫師

派赴國家：印度

出國期間：2017年12月09日至12月15日

報告日期：2018年03月08日

# 摘要

臺北醫院自 2002 年承接衛福部委辦「臺灣國際醫療衛生人員訓練中心計畫」開始，至今已與菲律賓、印尼、印度、越南、泰國、蒙古國、俄羅斯、馬紹爾群島共和國及美國等 9 個國家、28 間醫療、衛生機構簽訂雙向合作備忘錄，落實執行雙邊及多邊交流合作，截至今年底，培訓數亦已超過 1500 人、64 國，從廣度與深度面來看，對世界人才培育及全球公民之貢獻，其成效顯著卓越。

106 年除了深耕及擴大原有培訓及合作國，特別針對新南向國家包括印尼、菲律賓、泰國、越南、印度等，進行醫療技術與管理人才招募與宣傳，分別與印尼 PKU Hospital、菲律賓 The Governor Celestino Gallares Memorial Hospital 及 Dr. Jose Fabella Memorial Hospital、印度邁索爾普爾納基金會、泰國瑪希敦大學、越南胡志明醫藥大學附設醫院(HCMC)等 5 國 6 家醫療學術機構簽訂合作備忘錄或締結姐妹醫院。

今年本院收到印度共和國普爾納基金會信函，希望臺北醫院及台灣國際醫療衛生人員訓練中心能至印度進行傳統中醫針灸義診及教學，為了開啟與印度醫療合作機會並進一步宣揚台灣醫療技術與實地了解印度中西醫療環境與文化，特別安排臺北醫院施玲娜副院長及陳盈如主任、臺北榮總傳統醫學部陳方佩主任及市立聯合醫院昆明院區中醫科施宏昇總醫師，前往印度進行傳統中醫暨針灸義診並進行雙邊醫療交流分享，期望配合國家醫療外交政策，善盡地球公民責任及在醫療外交與全球性議題上做出貢獻，讓台灣走向世界，世界進入台灣。

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## 壹、緣起

臺北醫院承接臺灣國際醫療衛生人員訓練中心計畫，每年皆會舉辦國外醫療衛生人員臨床及中醫、緊急醫療及醫務管理專案培訓課程，今年 8 月 13 日至 25 日共有來自 3 個國家、14 位傳統醫療人員報名參與中心舉辦為期兩星期的傳統中醫專案培訓課程。培訓期間除了邀請台灣最頂尖中醫界學術及臨床專家授課並安排至衛福部國家中醫藥研究所、迪化街中藥行、勝昌中藥廠及市立聯合中醫院區等進行參訪，於結訓討論會上更針對與會國家不同的中西醫療、環境、文化、習慣等進行廣泛及深入多邊知識的經驗分享與交流。

為期兩週的傳統中醫暨針灸專案培訓課程，獲得與會學員一致讚賞並且紛紛表示返回培訓國後將會大力推薦學員參與中心所舉辦臨床培訓及專案培訓課程，同時也表明希望下次還能有機會至台灣參與更進階傳統中醫專案培訓班，參與學員中來自印度的 Dr.

Mamatha 表示非常敬仰台灣的中醫及針灸學，希望能與中心合作，將台灣的中醫及針灸學與印度傳統醫學連結，中心有鑑於印度在中國傳統中醫及針灸尚未開發，未來是有機會將我國傳統中醫及針灸學引進印度並發揚之，故於今年 10 月 30 日與印度邁索爾普爾納基金會（India Mysore Purnaa Foundation）簽訂合作備忘錄，開啟兩國中西醫合作契機。

## 貳、目的

### 一、背景

中心本於 WHO 人道援助精神，配合國家政策，積極參與國際合作，在衛生福利部與外交部的協助指導下，攜手產、官、學界，針對新南向國家及醫療資源與醫療水平不足之國家、地區，透過建置雙邊或多邊醫療衛生合作、海外醫療技術援助、於國內外辦理國際性專題講座、培訓國際臨床醫事人員等方式，提供當地適切的醫療經驗及技術支援，期能提升臺灣醫療國際能見度，並宣揚我國於醫療衛生的成就，擴展雙方實質與友善的合作關係，促進國際交流合作。此次期望與印度共和國邁索爾普爾納基金會合作，一起攜手在印度推動台灣的中醫及針灸學，培育印度醫療衛生人才，建立台印雙邊醫療衛生合作及產業鏈發展合作管道，朝向政府推動南向政策目的邁進。

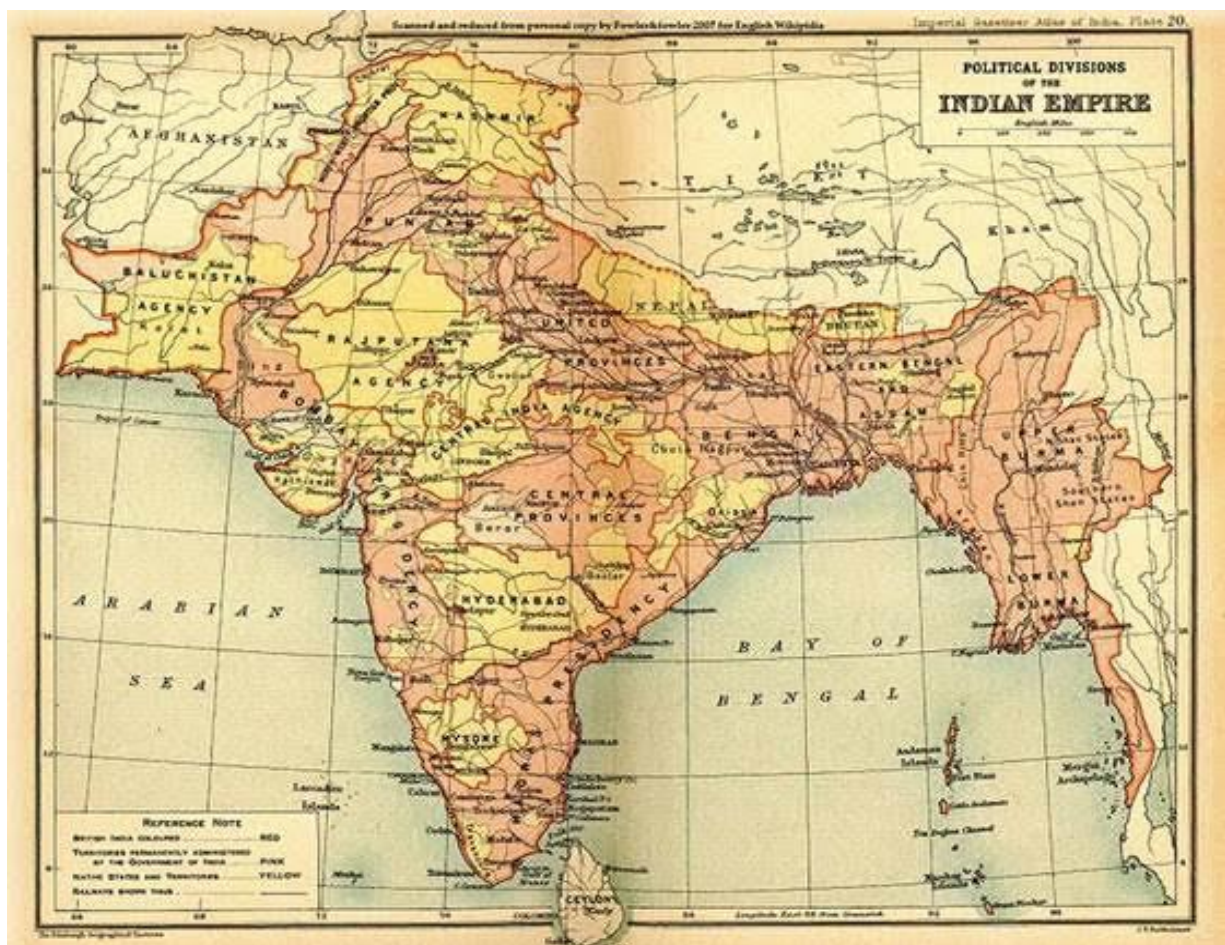
### 二、印度共和國國情概況

首都	新德里
地理位置	印度地處北半球，是世界第七大國，西北部與巴基斯坦和阿富汗接壤，北部與中國，不丹和尼泊爾接壤，東部與緬甸接壤，印度西孟加拉邦的東部是孟加拉國，印度南部是斯里蘭卡、馬爾地夫等島國。印度從北到南全長3,214公里，從東到西全長2,993公里，印度半島亦是南亞的主體。
面積	總面積約317萬平方公里，人口密度389.2/km <sup>2</sup> （第31名）
人口	1,210,193,422人，是世界上僅次於中國的人口第二大國
語言	印地語：भारत गणराज्य，Bhā rat Ganarājya；英語：Republic of India
宗教	印度教79.8%、伊斯蘭教14.2%、基督教2.3%、錫克教1.7%、佛教0.7%、耆那教0.4%、其他信仰0.9%
氣候	全境炎熱，分為雨季（6 - 10月）與旱季（3 - 5月）及涼季（11 - 2月）
元首	拉姆.納特.科溫德
政治制度	聯邦共和國制

<p>歷史概況</p>	<p>印度存在過舊石器時代和新石器時代。古印度在印度河的<u>印度文明</u>是世界上最<u>早的古文明</u>之一，公元前3世紀中葉，<u>孔雀王朝國王阿育王</u>統一除南印度邁索爾地區以外的整個印度半島。公元8世紀，<u>阿拉伯帝國</u>開始入侵印度，引進了<u>伊斯蘭文化</u>。12世紀開始，來自於今阿富汗的<u>伊斯蘭化的突厥人</u>在1148年反叛伽色尼王朝建立的古爾王朝大規模入侵北印，攻占了印度河平原和恆河平原，並且向南推進到納爾默達河，之後衍生出了<u>德里蘇丹國</u>，自13世紀的德里蘇丹國開始印度歷史有了較確切的史料記錄。德里蘇丹國在經歷圖格魯克王朝的頂峰之後開始衰落，無力控制龐大的印度南部，加上帖木兒的入侵導致衰落，印度逐漸又進入了列國的時代。1757年，<u>莫臥兒帝國</u>和英國<u>東印度公司</u>之間爆發了<u>普拉西戰役</u>，印度因戰敗而逐步淪為英國的殖民地。1849年，英國東印度公司成功掌握了印度全境的統治權，只於少數地區由葡萄牙及法國統治。1857年，印度全境爆發了著名的<u>印度民族大起義</u>，反抗殘暴的英國殖民者，但很快被鎮壓。不過印度也由英國<u>東印度公司</u>的統治轉為由英國直接統治，成立印度政府，並結束了名義上還存在的莫臥兒帝國。1950年1月26日，印度宣布成立印度共和國，但仍為<u>英聯邦</u>成員國。這塊亞洲次大陸最終被分成以<u>印度教</u>為主的「世俗」印度以及較小的<u>伊斯蘭教</u>國家<u>巴基斯坦</u>。</p>
<p>經濟概況</p>	<p>印度是世界上發展最快的國家之一，若以同等購買力來衡量，印度2011年國內生產總值4.457兆美元，與日本並列世界排行第三，僅次於美國、中國；但是若以美元匯率評估，印度的國內生產總值僅有1.676兆美元，世界排行第11位。全國10%的人口掌控全國33%的收入。由於印度人口眾多，平均國民生產總值很低，2011年，印度平均國內生產總值（購買力平價）為3,694美元，列世界的第129位；美元匯率則為1,389美元，為世界第140位。1991年印度經濟危機，加上蘇聯解體，新國大黨政府使印度開始實行經濟自由化改革<sup>[31]</sup>，藉由外國貿易及直接投資，逐步轉型為自由市場，印度的經濟規模獲得了較快速度的增長。</p> <p>印度有4.876億勞動人口，居世界第2位，其中50%從事農業或農業相關行業，28%從事服務業及相關產業；從事工業的占18%。以占GDP比例來看，農業占GDP的18.1%，服務業和工業分別占55.6%和26.3%。主要農作物包括大米，大麥，油菜籽，棉花，黃麻，茶葉，蔗糖和馬鈴薯。主要工業包括軟體，汽車，水泥，化工，消費電子，食品加工，機械，採礦，石油，製藥，鋼鐵，運輸設備和紡織品。於2006年，對外貿易占印度國內生產總值的24%，於1985年時，僅占6%。印度占2008年全世界貿易額的1.68%。於2011年，印度為世界第10大進口國及第19大出口國。</p>

	<p>印度實行民主政治的同時實行社會主義，1991 年透過經濟改革，放鬆對外貿和外資的管制，逐漸開放國內市場。開放後這數年間印度的經濟成長率達 7.5%，過去十年的時薪也翻倍。自 1985 年以來，已有 4.31 億印度人脫離貧窮。根據全球競爭力報告，印度競爭力居世界第 51 位，其中在金融市場（第 17 位）、銀行部門（第 24 位）、創新（第 39 位）及經商（第 44 位）等方面表現較佳。全球最大的 15 家信息科技外包公司中，有 7 家位於印度，企業對於外包國家的偏好度僅次於美國。印度為第 11 大消費市場，2030 年將成為第 5 大消費市場。印度通訊為世界成長最快的國家，於 2010 年至 2011 年間，增加了 2.27 億用戶；汽車工業成長速度居世界第 2 位，2009 年-2010 年成長了 26%，汽車出口成長了 36%。印度發電裝機容量為 250 吉瓦（10<sup>9</sup> 瓦特），其中 8% 屬再生能源。</p> <p>印度為世界銀行定義日收入低於 1.25 美元貧窮線以下人口最多的國家，但貧窮人口的比例已由 1985 年的 60% 降低至 2005 年的 42%。有一半的孩童體重過輕，其中 46% 孩童營養不良，政府推出午餐計劃（英語：Midday Meal Scheme）以改善印度孩童的營養狀況。自 1991 年以來，印度各邦貧富差距持續擴大，最富裕的邦其人均國內生產淨值於 2007 年時已達最窮者的 3.2 倍。印度貪污情形顯著增加，根據報告估計自獨立後的非法資金流通約 4620 億美元。印度於 1991 年時人均國內生產總值生產僅 329 美元，自經濟自由化後，2010 年時已達 1265 美元，預計 2016 年時可達 2110 美元，但仍較其他亞洲開發中國家如印度尼西亞、伊朗、馬來西亞、菲律賓、斯里蘭卡、泰國為低，且未來人均國內生產總值也難以超過前述國家。</p> <p>印度外匯存底充足，匯率穩定，未來官方也將全面解除外匯管制，由市場決定幣值。印度製造業出口已經開始下滑，全國很多地區電力供應依然不足。印度有很多精通英語的人口，目前是 21 世紀全球最主要的資訊服務業生產國、電腦軟體出口國以及眾多軟體工程師的祖國。印度已經成為軟體業出口的霸主，金融，研究，技術服務等也即將成為全球重要出口國，2014 任仕達（Randstad Group）公布「亞洲最不快樂的員工」調查顯示，最快樂的員工排名第一名是印度。</p>
國內生產毛額	2250 萬億美元（2016）
平均國民所得	1718 美元（2016）
輸出項目	石油製品、紡織品、珠寶、軟體、工程器材、化工製品及皮革

輸入項目	原油、機械、寶石、肥料及化工製品。2001年至2011年間，石化製品及工程器材占出口比重由14%成長至42%。
對外政策	<p>冷戰時期，印度通過一項新的外交政策，不與任何大國集團結盟。但是，印度發展同蘇聯的密切關係，並得到了廣泛的軍事支持。冷戰的結束大大影響了印度的外交政策。印度目前執行東望政策，旨在加強與美國、中國、歐盟、日本、以色列、拉丁美洲和東南亞國家協會的外交和經貿關係。印度與非洲聯盟，英聯邦國家以及阿拉伯世界也有著緊密的聯繫。印度仍然與俄羅斯保持著密切的軍事聯繫。中印邊境戰爭時期，中國因韓戰和中蘇交惡的影響，印度因此同時受到美英蘇三國支持。1976年雙方恢復互派大使後，兩國關係逐步改善。印度積極參與各項聯合國維和任務。目前，印度是聯合國第三大的部隊派遣國，並且正在努力爭取成為聯合國安理會的常任理事國。為促進觀光產業發展，2014年2月印度國會事務與計劃部宣布，實施落地簽證新增名單增加到180個國家和地區，包含中國在內。</p>



印度共和國地圖



### 三、參訪人員

本案出訪人員包含共計 4 名，名單如下表：

姓名	性別	單位及職稱
施玲娜	女	衛生福利部臺北醫院副院長 台灣國際醫療衛生人員訓練中心計畫協同主持人
陳方佩	女	國立陽明大學傳統醫藥研究所專任副教授暨臺北榮總傳統醫學部主任
施宏昇	男	臺北市立聯合醫院昆明院區中醫科總醫師
陳盈如	女	衛生福利部臺北醫院醫務行政室主任 台灣國際醫療衛生人員訓練中心計畫執行秘書

### 參、參訪行程

衛生福利部臺北醫院與印度共和國普爾納基金會中西醫療交流合作行程表

日期	行程
12月9日 星期六	航程：臺灣-班加羅爾(Bengaluru ) 泰國航空(TG633→TG325:21:35 FROM Bangkok to Bengaluru23:55) 13:55 出發:臺灣桃園機場 (TAIWAN TAOYUAN AIRPORT-T1) 23:55 抵達:班加羅爾機場 (Bengaluru INTL AIRPORT)
12月10日 星期日	醫療義診 1 (Medical Camp in Mysore)—中醫暨針灸義診

<p>12月11日 星期一</p>	<p>拜會邁索爾普爾納基金會 (Visit to Purnna Foundation)-雙邊進行交流合作座談 參訪 Ayurveda 醫學院附設醫院-進行臨床教學暨座談會</p>
<p>12月12日 星期二</p>	<p>參訪 Ayurveda 醫學院 (Visit to Ayurveda Medical College) --辦理醫療演講及座談會 (Workshop)</p>
<p>12月13日 星期三</p>	<p>參訪印度社區健康中心 (Visit Community Health Center in Bangalore) 辦理醫療座談會(Workshop)</p>
<p>12月14日 星期四</p>	<p>醫療義診 2 (Medical Camp in Bangalore) —中醫暨針灸義診</p>
<p>12月15日 星期五</p>	<p>泰國航空(TG326:01:00→TG632:08:15 From Bangkok to Taiwan12:45) 01:00 出發:班加羅爾機場 ( Bengaluru INTL AIRPORT) 12:45 抵達:臺灣桃園機場 (TAIWAN TAOYUAN AIRPORT)</p>

## 肆、過程

為開啟兩國嶄新的醫療合作關係，於 2017 年 12 月 9 日至 12 月 15 日期間前往印度班加羅爾及邁索爾進行中西醫療參訪暨義診交流活動。期間拜會與中心合作的邁索爾普爾納基金會並進行中醫暨針灸義診、參訪印度 Ayurveda 醫學院、Ayurveda 醫學院附設傳統醫療醫院、參訪印度社區健康中心並舉辦醫療演講及座談會(Workshop)，期望藉由此行程進一步了解南印度共和國醫療現況，並計畫透過此次交流合作擬定未來合作可行計畫。

### 一、邁索爾傳統中醫暨針灸義診 ( Traditional Medical Camp in Mysore)

2017 年 12 月 10 日及 14 日，在邁索爾普爾納基金會會長 Dr.Marmatha 教授陪同下，分別進行兩次中醫暨針灸醫療義診，兩日約有 120 多位來自印度南部省份病患親自至邁索爾及班加羅爾接受榮總中醫科陳方佩主任及北市立聯合醫院施宏昇總醫師的治療，整個義診過程基金會皆有全程錄影及邀請記者採訪並於當地新聞刊載，所有接受義診的病患於治療後對於台灣中醫及針灸都非常讚嘆與感謝，一致希望台灣每年都能派中西醫的醫師至印度進行義診與教學的活動。







## 二、 拜會邁索爾普爾納基金會 (Visit to Purnaa Foundation)

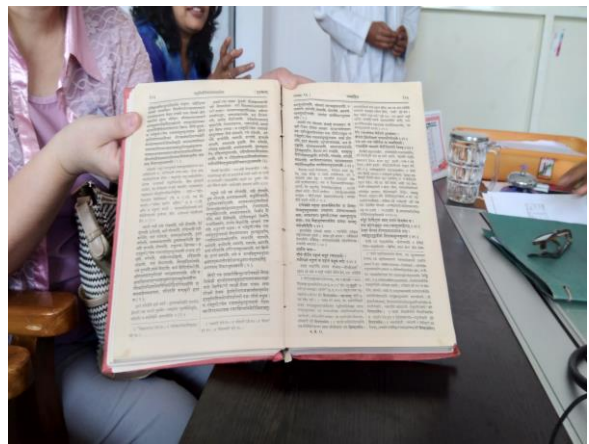
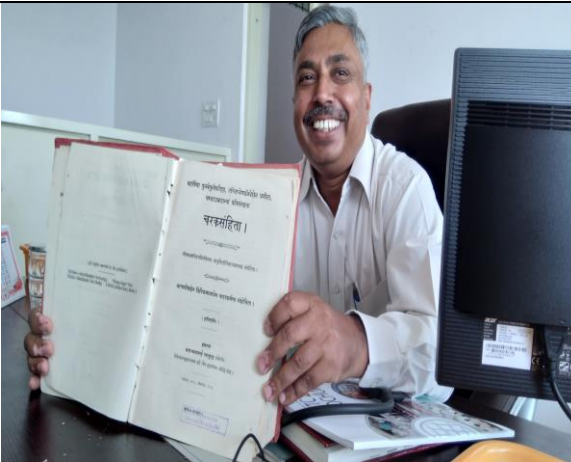
12月11日醫療團一行4人前往拜會邁索爾普爾納基金會，當日由基金會理事長 Dr. Mamatha Rani (Managing Trustee and Medical Director)、Sen gupta (association member of purnaa foundation)、Purnaprabhe (Secretary and Treasurer)與 Ram Sundar (Trustee of purnaa foundation)等人親自接待，雙邊針對未來合作議題進行討論，包括明年度可針對兩國傳統中醫藥草名稱之定義進行合作研究、於南印度設點，進行提升中醫暨針灸學宣導與教學等活動、推薦優秀傳統印度醫師及相關醫衛人員至台灣接受中醫、針灸臨床培訓及參加明年中醫專案培訓課程等議題。



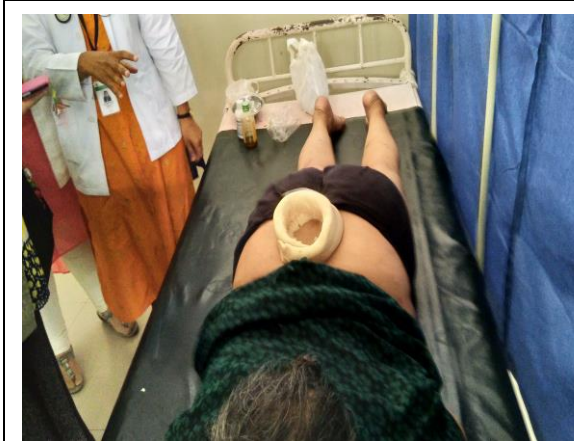


### 三、 參訪 Ayurveda 傳統中醫學院 (Visit Ayurveda Medical college Hospital)

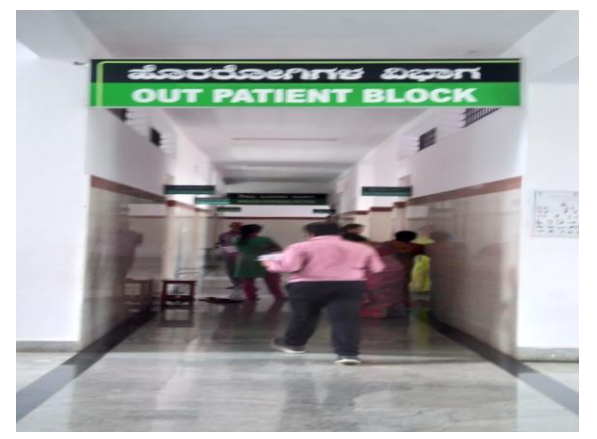
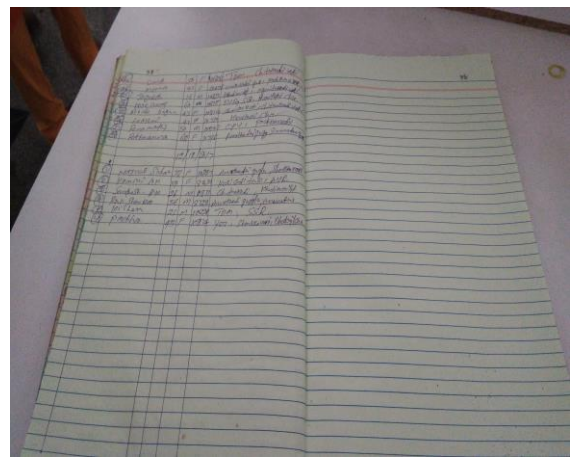
12月11日下午台灣參訪團成員在邁索爾普納基金會的陪同下，參訪 Ayurveda 醫學院附設醫院，該醫院成立於 105 年，是邁索爾唯一的印度傳統醫療醫院，一行人抵達時，該院院長 Dr.Rajendra、Dr. Srivatsa 等相關人員已在門口歡迎代表團。在兩邊互相介紹後，參訪團一行人在院長帶領下分兩隊(男、女分開)進行參訪，該院各項設施、治療現場及藥劑等部門，參訪過程中，雙邊針對不同治療方式及理論等觀點，進行臨床教學、討論與交流分享，最後雙方亦針對未來兩院在人員臨床培訓、互訪及公共衛生課程議題與研究等多面向進行充分交流與討論，該院院長亦表示有機會希望能到台灣來參訪、親自領略台灣的醫療進步及人文。

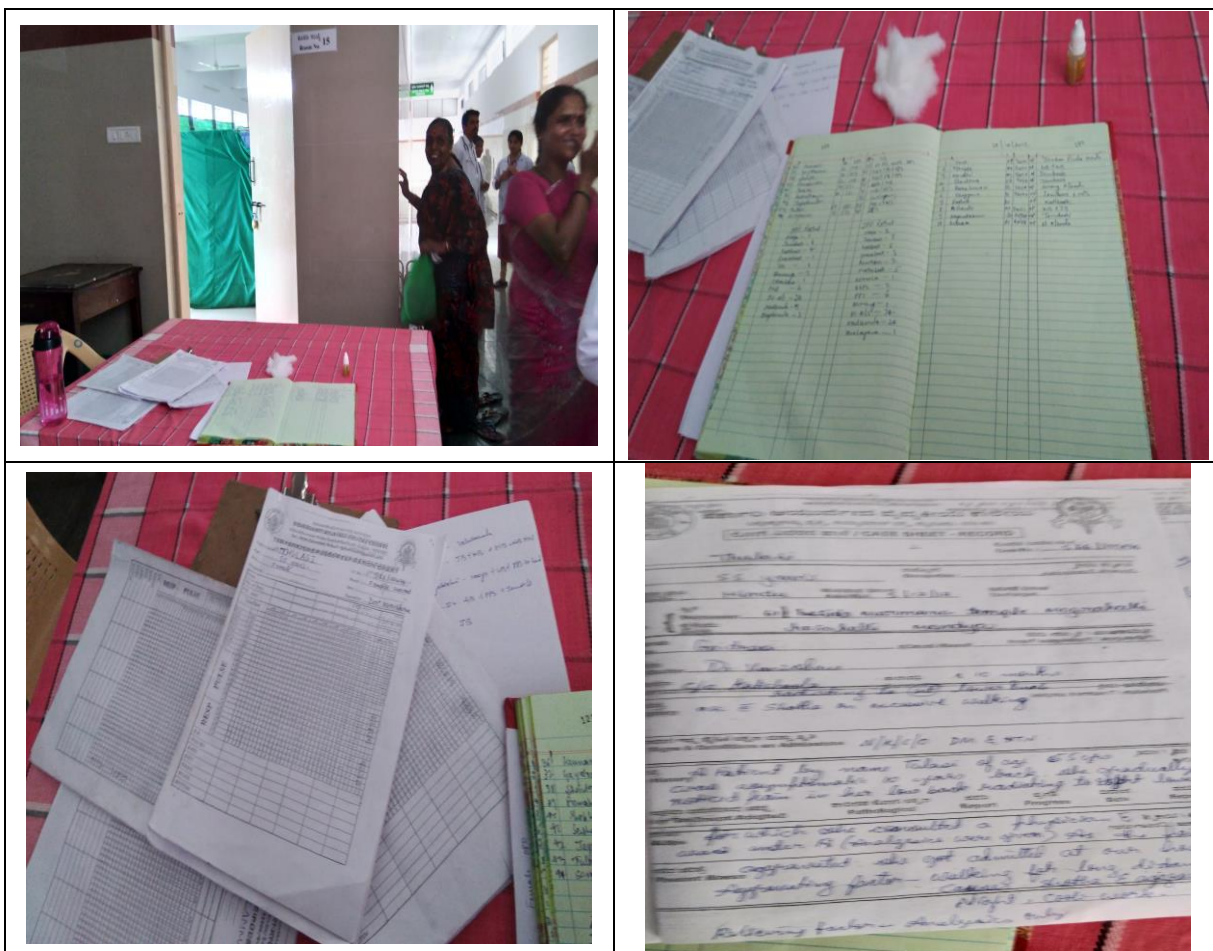










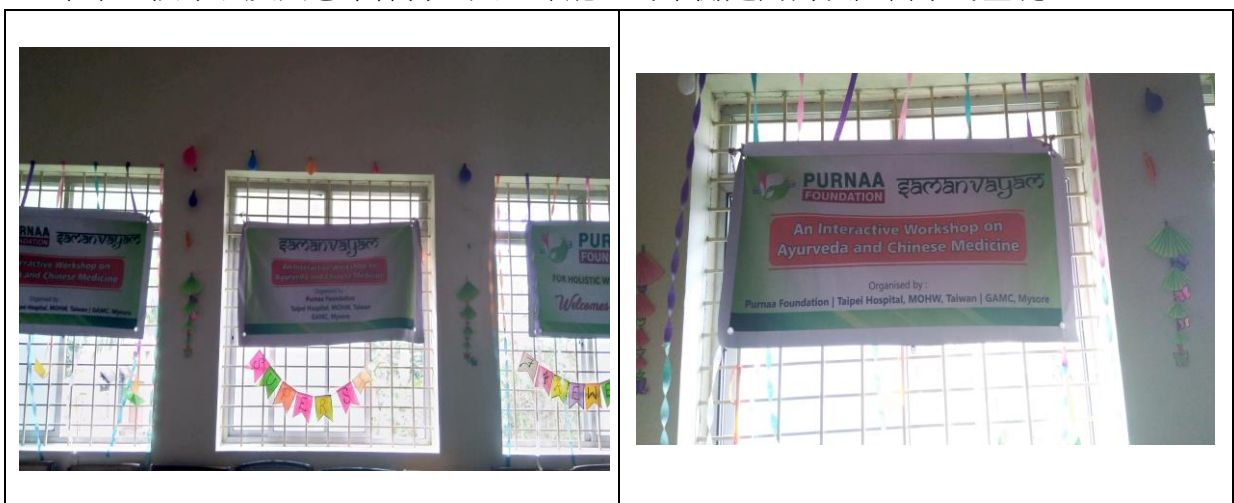


#### 四、參訪 Ayurveda 醫學院 (Visit Ayurveda Medical College)--辦理醫療 演講及座談會 (Workshop)

12月12日醫療團一行4人來到了邁索爾最大 Ayurveda 醫學院進行教學、演講暨座談會。參訪團成員在邁索爾普納基金會理事長、秘書長及醫學院校長 Dr. Gajanana Hegde (Principal of Government Ayurveda Medical College, Mysore)及教授們的陪同下，共同辦理一場橫跨台灣與印度兩種不同的傳統醫學，很榮幸能見證到台灣專家與印度傳統醫學專家一起分享這神秘的兩派學問。此行除了辦理醫療演講暨座談會外，亦希望能促成 Ayurveda 醫學院校長能組團，帶學生至台灣與台灣傳統醫療專家及陽明、中國醫等大學教授、學生進行跨國、跨領域的合作，在融洽的會談過程中，Dr. Gajanana Hegde 亦表示希望未來能有機會到台灣觀摩，更進一步了解台灣中醫及針灸學的教育體系及人文特色等。

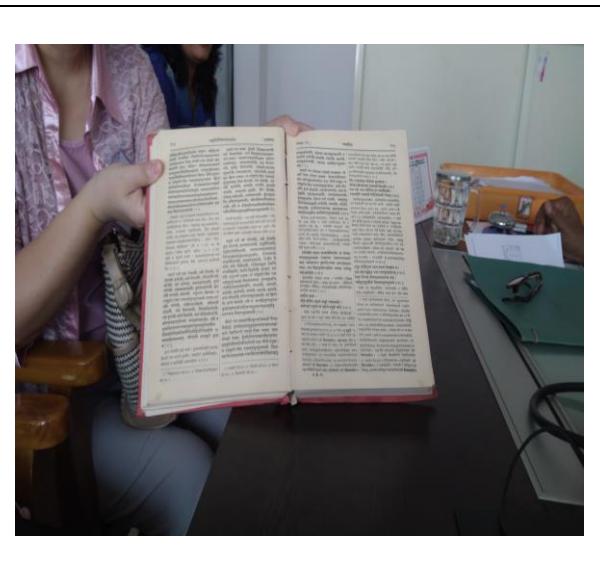
印度共和國目前在西醫方面共有 1 萬 5,000 多間醫療院所、9 萬多張病床、170 間醫

學院及 50 餘萬個西醫醫生。而在阿育吠陀醫療體系方面，則有近 37 萬位醫生、2,200 家醫院、2 萬 2,100 間診所、病床總數 3 萬 3,000 床。同時在鄉下小村落還有許多未經合法取得執照而仍在執業的阿育吠陀醫生。印度有些地區至今仍有許多人仰賴阿育吠陀醫療系統來醫治疾病，由其是西南部的喀拉拉州(Kerala)。在印度，有 60%的醫師在治療病人時曾經或大部分採用非對症療法，除了近 37 萬個阿育吠陀醫師外，另有超過 17 萬個順勢療法醫師。阿育吠陀醫療體系是透過平衡個人的生理、心理和精神方面的一種替代醫學體系。執業醫生經由視覺和觸覺的多觀察並分析病人的病史和生活方式來診斷。阿育吠陀的治療措施包括草藥和精油、瑜珈和按摩等。此外，病人可能會被要求改變飲食習慣或生活方式。印度莫迪政府於 2014 年 5 月底上台後，並於 2014 年 11 月 9 日成立 Ministry of AYUSH(Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy 簡稱 AYUSH)，專責阿育吠陀、瑜珈和自然療法、尤那尼(Unani)、悉達(Siddha)和順勢療法(Homoeopathy)的研究和教育，位於喀拉拉邦的 Arya Vaidya Sala 阿育吠陀醫學院是印度最大的醫學院，5000 多年來，阿育吠陀一直在無數印度傳統家庭中使用著，其影響波及南北半球幾乎所有的醫學系統，因此印度阿育吠陀被譽為「醫療之母」。阿育吠陀醫學基於一種理論：宇宙的一切，包括人體，都是由最基本的五種要素組成的，那就是：土、風、火、水和空間。這幾種元素在人體中以不同的比例呈現，構成人體內三大生命能量(稱為「doshas」)，分別為：瓦塔(Vata)、皮塔(Pitta)和卡法(Kapha)。通過飲食、練習、草藥、按摩以及冥想來保持三大生命能量的平衡是阿育吠陀醫學的基礎。









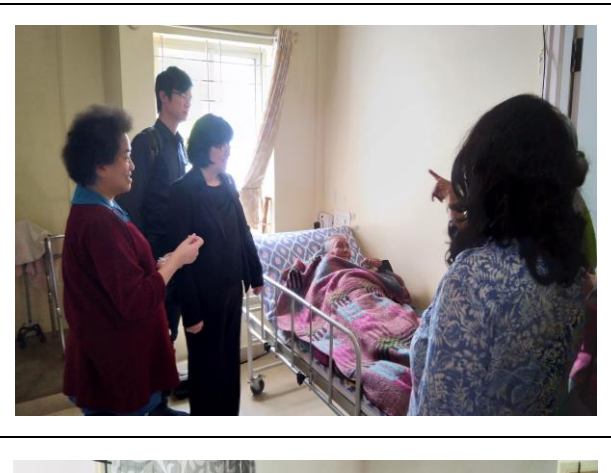


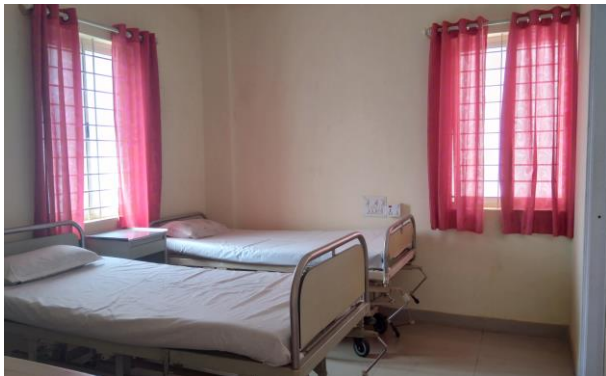
## 五、參訪班加羅爾社區健康中心 (Visit Health Community Center in Bengaluru)

12月13日在班加羅爾普爾納基金會志工 Ram Sundar Trustee 的安排與陪同下，參訪一所健康社區中心，該中心由 Sarasa Vasudevan (Managing Trustee) 女士所成立，主要照顧年長者、孤兒，目前該健康中心共有 15 位年老須被照顧的長者、26 位孤兒，中心經費來源除了善心捐款外，平日所有食、衣、住等皆依靠中心以養牛、種植蔬菜等方式自給自足。中心計畫明年擴建收容中心，希望能提供小孩們更好成長環境。醫療團在整個參訪過程中，每位團員皆能感受到 Sarasa Vasudevan 女士的愛心與用心，Sarasa 女士表示中心住民有安寧照護及長照需求，其本人曾到過新加坡等國家標竿學習，有鑑於台灣在安寧、長照及照服員方面亦有很好的的一套照護系統，所以很誠摯地邀請 Sarasa 女士未來有機會到台灣，一方面了解台灣安寧照護及長照政策及了解台灣如何訓練照服員，同時亦可與台灣的志工協會及慈濟等功德會進行經驗交流。

此行在參訪社區健康中心時巧與 C. Indira Dasgupta 女士前往健康中心了解志工人力的需求。C. Indira Dasgupta 女士為印度國際志工協會代表，屬於 People House 組織，負責 People' s Institute for Development and Training，醫療團與 C. Indira Dasgupta 女士相談甚歡，相約未來一定再次互訪並且針對台灣與印度中藥草名稱定義進行研究。









## 伍、總結

此次配合國家新南向政策，著眼開發台灣與印度的衛生醫療交流新契機。此行為期 7 日的印度中西醫療教學與義診活動，在施玲娜副院長的帶領下，每一位團員都載滿了分享與貢獻的成果及體驗返國。首先，臺北醫院暨台灣國際醫療衛生人員訓練中心衷心的感謝臺北榮總傳統醫學部陳方佩主任及台北市立聯合醫院林森中醫昆明院區施宏昇總醫師兩位專家的鼎力支持，此行因為有你們的加入讓我們首次到印度參訪，所達到的成效更為顯著及有意義。

同時，亦非常感謝印度邁索爾基金會(Purana Foundation)的費心安排，讓我們得以順利的完成義診、教學及參訪與交流活動。未來我們將以此活動成效為基石，針對以下六點：1. 醫療臨床及學術專家交流、2. 醫學生交流、3. 臨床及專案培訓、4. 政府及學術單位互訪、5. 與印度國際志工代表一起合作中藥草名稱研究及 6. 與普爾納基金會合作於南印度邁索爾設置訓練中心駐點等議題，向衛生福利部國合組進行成效與建議報告，期望台灣與印度的醫療合作，在配合國家醫療外交政策，善盡地球公民責任的議題上能做出更多貢獻，讓台灣走向印度，也讓印度走進台灣。

## 建議：

陳方佩主任：

1. 由台灣派 2-3 位老師到印度，一週內密集上課，約 30-40 小時，把針灸基礎課程上完。印度方面，可以招收 30-60 名學生，採大班上課方式，課後考試，擇成績優異的 1-2 位，可以補助到台灣進行臨床見習與晉階教學。
2. 過去 40 年中國醫藥大學中醫學院的教授們，就曾經多次組團，到世界各國，開辦針灸課程，比如新加坡、巴西、澳洲、羅馬尼亞等國，輔助這些國家訓練針灸種子醫師，成立針灸研究學會，再組成東洋醫學會，亞洲針灸高峰會議等，讓針灸的學習與應用，逐步在各國推廣。未來在印度，也可以遵循此種模式，協助印度做針灸的教學。成績優異的學員，再安排補助到台灣來進修，對印度學員也具有鼓勵作用。
3. 未來可以徵集中國醫大中醫學院的師資，或是中華針灸醫學會的會員為師資，進行未來跟印度基金會進行合作教學的長期計畫。至於臺北榮總的傳統醫學部門，未來可以跟國立陽明大學的海外醫療服務社團合作，申請科技部教學型計畫，配合政府南向政策，安排中醫師前往印度偏鄉，進行針灸教學與跨文化的印度傳統醫學比較，並藉由義診與安養院志工服務，完成教學相長與醫學人文的相互瞭解。或者，若有已安排到台灣來進修的印度學員，則可以到北榮傳統醫學部來見習 2 週。已學習臨床經驗，何中西結合的診療方式。

施宏昇總醫師：


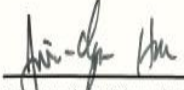
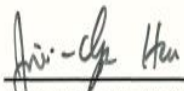

1. 此次醫療交流非常成功，讓印度民眾接觸台灣中醫，了解台灣中醫治療模式，增進印度民眾對於中醫治療信心並產生濃厚的學習興趣，有助於台灣在印度的國際拓展，這都歸功臺北醫院及訓練中心規劃此行。
2. 此次僅有規劃 7 天，印度在地負責人規劃行程因距離因素，在安排上較為匆忙，加上邦加羅爾(Bengaluru)與邁索爾(Mysuru)車程需要 4 小時以上，無法按照既定時間開始而縮短交流活動實屬可惜，建議未來參訪形成或許可以再延長 2-3 天。
3. 此行僅有在印南地區進行醫療交流與義診活動，希望下次可以前往西部孟買或印北地區等經濟與政治重鎮，並期待透過此次在印度的人脈，輾轉與印度官方合作，增加台印的國際醫療交流。
4. 參訪印度當地傳統醫療-阿育吠陀 (Ayurveda)，相關器具與設備不及台灣先進，

建議邀請印度院方代表前往台灣考察與交流，展示台灣先進的醫療設備，並提供相關廠商資訊，以配合政府南向政策，增加台灣優良產品輸往印度及南亞地區，促進醫療與經濟交流。

5. 此次義診台灣針灸與傷科治療臨床疾病效果明顯，建議可鼓勵並邀請印度醫學相關學員前往台灣學習，台北醫院為台灣北部國際醫學交流之翹楚，辦理相關醫學交流經驗豐碩，也許可以再整合其他醫療資源，例如中醫師公會、中醫相關醫學會、全台中醫學院及中醫教學醫院等，訂定中醫國際化之課程內容，讓各國對中醫有興趣之學員可以選擇並接受短期中醫基礎與臨床訓練，一方面也可拓展台灣在國際的知名度。

## 陸、附件

### 附件一、臺北醫院與印度共和國邁索爾普爾納基金會合作備忘錄

<p style="text-align: center;"><b>Agreement on Cooperation</b> <b>Between Purnaa Foundation, Mysore, Republic of India</b> <b>and the Taipei Hospital, Ministry of Health and Welfare,</b> <b>Republic of China (Taiwan)</b></p> <p>In the spirit of mutual understanding and long-term friendship between the people of Republic of India and Taiwan, Purnaa Foundation, Mysore, Republic of India and the Taipei Hospital, Ministry of Health and Welfare, Republic of China (Taiwan) hereby formalize their cooperative relationship with this agreement.</p> <p>This agreement serves to initiate and extend the trust and cooperation between Purnaa Foundation and the Taipei Hospital, Ministry of Health and Welfare. These two organizations hereby agree upon the wide-range of exchanges and the cooperation in various forms to be undertaken, which are mutually beneficial to the two organizations, in an effort to enhance and contribute to the friendship between the people of India and Taiwan.</p> <p>This agreement shall come into force and effect upon signature by the authorized representatives of the two organizations. This agreement shall remain in force until three years after the date of written notification from one Party to the other.</p> <p> Purnaa Foundation, by its authorized signatory</p> <p> Taipei Hospital, Ministry of Health and Welfare, by its authorized signatory</p> <p>Signed at the Taipei Hospital, Ministry of Health and Welfare on October 30, 2017 in duplicate and in both Chinese and English.</p>	<p style="text-align: center;"><b>中華民國衛生福利部臺北醫院與</b> <b>印度邁索爾普爾納基金會締結合作協議書</b></p> <p>中華民國衛生福利部和印度衛生部基於兩國間相互了解和長久友誼之友好合作原則下，擬進一步建立衛生福利部臺北醫院與印度邁索爾普爾納基金會正式合作關係。</p> <p>爰此，兩機構同意在平等互惠之基礎上，增進雙方在培訓上的實質合作並藉由雙方廣泛交流及合作，加強兩機構間友善合作關係，締結為合作機構，及增進台灣和印度人民之友誼。</p> <p>經兩機構代表簽署，此份協議書將具正式效力。本協議書效期三年，任一締約雙方可於六個月前以書面通知他方終止之。</p> <p> 衛生福利部臺北醫院代表簽名</p> <p> Purnaa Foundation, Mysore, Republic of India 代表簽名</p> <p>西元 2017 年 10 月 30 日於衛生福利部臺北醫院簽署完成，此協議書以中文、英文書寫，一式兩份。</p>
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## PURNA FOUNDATION

*For Holistic Health*

### To Whom it may Concern

We are certifying Taipei hospital, Ministry of Health and Welfare, Taiwan to conduct free acupuncture medical camps and a workshop in collaboration with Purnaa Foundation at Mysore and Bangalore, India from 10<sup>th</sup> December to 15<sup>th</sup> December, 2017.

Taipei Hospital will provide the needles and other materials required to conduct the camps

We hope your visit will enhance the mutual relationship between Purnaa Foundation and Taipei Hospital which creates awareness and exchange of the knowledge of medical systems of both the countries

We are looking forward to your arrival.



Yours Truly,  
For Purnaa Foundation  
Dr. Mamatha Rani H.N.  
Managing Director





Taipei Hospital,  
Ministry of Health and welfare  
**Taiwan International Healthcare Training Center**



### Topic

- Introduction of Taipei Hospital, MOHW
- Introduction of TIHTC

### Taipei Hospital, MOHW

- MOHW affiliated hospitals
- Established in 1949
- 507 Beds
- 1000 Employees



### Taipei Hospital, MOHW

#### Philosophy

- Providing quality health care, fulfill social responsibility

#### Mission

- Quality health care that is convenient and considerate
- Serving the communities and co-share growth

#### Vision

- Safeguard public health and set model hospital standards

### Develop and maintain close relationships with the community



Cancer prevention and control



Health promoting community



附件三、臺灣國際醫療衛生人員訓練中心簡報(續)



### Provide training programs

- **Clinical Training Program** (1-3 months)
  - for specialist, nurses, interns, technician,...etc.
  - 34 programs of medical departments
- **Project Program** (2 weeks)
  - International Acupuncture and Traditional Medicine
  - Emergency Care Management
  - Health Care Management
  - Special project program



### International Medical Cooperation

- Mongolia**
  - Sign Collaboration with Second Central Hospital
  - Sign the MOU "Training of Gyn. & Obs. Physicians" with the First Maternity Hospital of Ulaanbaatar
  - Sign Collaboration with Regional Diagnosis and Treatment Center of South Gobi Province, Mongolia
  - Sign Collaboration with UVS province Hospital
- United States**
  - Sign Collaboration with University of Tuoro, California 2011-now
- Indonesia**
  - Sign Collaboration with PKU Muhammadiyah Hospital 2007-now
  - Sign Collaboration with Dr.Zainoel Abidin General Hospital, Indonesia 2010-now
  - Sign MOU with Aisyiyah Health Sciences College Yogyakarta, Republic of Indonesia 2012-now
- NGO**
  - Cooperate with Asian Development Bank to arrange the project programs for Mongolian medical professionals 2007-2008
  - Sign the MOU "Training of Mongolian Cardiologists" between the Government of Luxembourg 2007-2011 (totally 21 trainees)
  - Sign the MOU between the Government of Luxembourg & National Cardiovascular Center of Mongolia 2012-now
- Russia**
  - Cooperate with Kalmykia, Buryatia, and Tuva for medical professionals training 2007-now
- Republic of Marshall Islands**
  - Establish Taiwan Health Center
  - Sign Collaboration with Majuro Hospital, Republic of Marshall Islands
  - Sign Collaboration with Ebeye Hospital, Republic of Marshall Islands
  - Establishment of a Medical Referral System

附件三、臺灣國際醫療衛生人員訓練中心簡報(續)

### International Medical Cooperation

#### ➤ International Conference



### International Medical Exchange

#### •Medical exchange between Taiwan and Armenia



### Achievements in International Patient Referral



### International Emergency Medical Aid



		Event
18	2015	Apr.28 Nepal earthquake
17	2014	Preparation of medical materials for MOHW volunteer clinic in Sri Lanka
16	2012	Provided medical purchase for Medical Mission to Marshall Islands, Tuvalu, Fiji, Niue, Kiribati, Papua New Guinea, Solomon Islands, Palau
15	2011	Nov. RMHs Dengue Fever Epidemic
14	2011	Nov. Thailand Flood
13	2011	Feb. 22 New Zealand earthquake
12	2010	Jan. 13 Republic of Haiti earthquake
11	2009	Sep. 26 Philippines typhoon
10		Mar. 7 Ecuador Flood
9	2008	May 15 Sichuan earthquake
8		May 23 Myanmar cyclone
7		Mar. 7 Indonesia earthquake
6	2007	April 5 Solomon Island Tsunami
5		Aug. 17 Peru earthquake
4	2006	May 28 Indonesia medical supplies
3	2005	Nov. 21 Marshall Islands
2		Nov. 26 Sbo Tsone and Principe
1	2004	Dec. 26 South Asia Tsunami



### International Medical Support & Service



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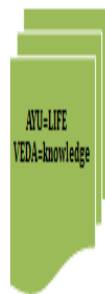
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# BASIC PRINCIPLES OF AYURVEDA

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SPAN OF LIFE  
AS WELL AS QUALITY OF LIFE

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## PANCHMAHABHUTA THEORY



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## TRIDOSHA THEORY



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- ✓ Three dosha (bio-humors)
- ✓ Seven dhatus (tissues)
- ✓ Three malas (biological end-products)

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- ✓ 11 indriyas  
(sense organs including the psyche)
- ✓ Atma is one - perceiver  
ATMA perceives through the senses the  
deeds of body and mind

7

## Ayurveda aims at,

### 1. MAINTENANCE OF HEALTH

Ex: Prevention of disease by daily & seasonal regimen, psychological well being

### 2. CURE OF DISEASE

Ex: Palliative & eliminative therapies.

8

## DISEASES OCCUR TO,

☐ BODY (senses included)

☐ MIND

ATMA do not get affected by the disease

9

## ULTIMATE PRINCIPLE

**"MOKSHA"**  
(LIBERATION FROM REBIRTH/BONDAGES)

Through  
Knowledge of AYU

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Thank you

12

**TITLE OF THE PRESENTATION;**

**“LITERARY AND HISTORICAL BACKGROUND OF AYURVEDA”**

Presented By,  
**Dr. Aqeeb Javeed**  
 3rd year year PG student,  
 Dept. of Ayurveda Samhita and Siddhantha,  
 Government Ayurveda Medical College, Mysuru.

**HISTORICAL BACKGROUND OF AYURVEDA**

- ✓ The true history of Ayurveda starts in the time of the Vedas, the ancient Holy Books of the Aryans ('noble ones'). Hindu mythology tells that Lord Brahma, the creator of the world, transmitted the knowledge of Ayurveda to mankind. The four Vedas are called Rig Veda, Yajur Veda, Sama Veda and Atharva Veda. They were written about 3-8 thousand years ago. All the Vedas contain medical knowledge based upon the principles of Ayurveda, especially the Atharva Veda.
- ✓ The hymns, (surgical formulas and medical knowledge found in the Vedas were the contributions of various rishis and munis.
- ✓ The sages realized that sickness was a major impediment to the search for liberation, and so many of them became vaidys to help their people. Vaidya, the Sanskrit word for physician, is derived from the root word for wisdom.
- ✓ The Charaka Samhita – tells us that Bharadvaja was the first medical teacher of all subsequent rishis and munis. He learned Ayurveda directly from Lord Indra, the king of the gods. Indra had learned Ayurveda from the Asvini, who were known as practitioner physicians to the gods. Prajapati was the teacher of the Asvini and he studied Ayurveda from the Lord Brahma, the creator of the world in this way ayurveda propagated and reached to the mankind.

**Time period of ayurveda**

The origin of Ayurveda is attributed to Atharva. Later from the 8th Century BC to 7th Century AD there was systematic development of the science and it is called Samhita period, when a number of classical works were produced by several authors and during this period there is evidence of organized medical care.

**Period of charaka samhita** - Dates of composition of the Charaka Samhita are uncertain. Meulenbelt's History of Indian Medical Literature dates it to be between fourth century BCE (before common era) to the second century CE (common era) with Charaka's compilation likely between 100 BCE and 200 CE. The Deygob's revision and completion, the source of current texts, is dated to the 8th Century CE.

**Period of sushruta samhita** - Estimates range from 1000 BCE, 800-600 BCE, 600 BCE, 600-200 BCE, 200 BCE, 1-100 CE, and 300 CE.

**Period of ashtangha sangraha** - based on various evidences, Vagbhata's date can be estimated to have been between 4<sup>th</sup> and 5<sup>th</sup> century AD (Anno domini). Vagbhata has stated that his work is based on and is influenced by Charaka Samhita, Sushruta Samhita etc. This gives a clear idea that Vagbhata lived much later to Charaka and Vagbhata.

**The Great Medical Conference**

- ✓ The historical record of Ayurveda begins with a medical conference in the Himalayan Mountains described in the collection (samhita) of medical writings called the Charaka Samhita. The writer, Atreya Punarvasu, was one of the devoted students of Bharadvaja. He tells us that a large and well-attended medical conference of veteran rishis and munis was held under the chairmanship of Bharadvaja in the valley of the Himalayas. The main aim of this conference was to share medical knowledge and to encourage the attending scholars to compile the medical knowledge gained by different peoples of the region, knowledge that had been passed down, mostly orally, from generation to generation. This stream of Ayurvedic medical knowledge was considered eternal, because it was known by them to have been there since the beginning of time. However, the participants also knew that there were no authentic and complete texts of Ayurveda available for study. For this reason the writing of texts became the focus of the conference.
- ✓ This historic conference was a milestone in the history of medicine. The task of compiling the medical knowledge was successful one which took the shape of charaka samhita, sushruta samhita, kashyappa samhita and many more.

**Literature of Ayurveda**

The inception of practice of Ayurvedic system is evident from the ancient literature. Various texts that existed over this entire period are a compendium of information about all medical aspects. Among which brahamtrayi and laghutrayi forms the most of ayurvedic literature.

BRUHATRAYI		
CHARAKA SAMHITHA	SUSHRUTHA SAMHITHA	ASHTANGHA SANGRAHA
Author-aghniवेश (1000BC) Redactor-charaka (200BC) It describes ancient theories on human body, etiology, symptomatology and therapeutics for a wide range of diseases. The Charaka Samhita also includes sections on the importance of diet, hygiene, prevention, medical education, the teamwork of a physician, nurse and patient necessary for recovery to health.	Author- Vridha sushruta (1000-1500BC) Redactor- Nagarjuna (5th century AD) It speaks about unique chapters describing surgical training, instruments and procedures.	Author- Vagbhata Ashtanga in <b>Sanskrit</b> means 'eight components' and refers to the eight sections of Ayurveda: internal medicine, surgery, gynaecology and paediatrics, rejuvenation therapy, aphrodisiac therapy, toxicology, and psychiatry or spiritual healing, and ENT (ear, nose and throat). There are sections on longevity, personal hygiene and many more.

**LAGHUTRAYI**

1. MADHAVA NIDANA	2. SHARANGADHARA SAMHITHA	3. BHAVAPRAKASHA
Author-Madavakara This is written in two volumes, written by Madhava, which is an extensive work on the pathogenesis of the diseases. It gives elaborate description of causes, symptoms, complications and treatments in 73 sections.	Author- Sarangadhara It deals with the types of medicinal formulations, examination of pulse, processing the food items, numerical terminology, anatomy, physiology, etc Single herb formulations have been given.	Author-Bhavamishra It deals with the information of plants and herbs which are widely used in ayurvedic formulations.
There are many other important texts which forms the literature of ayurveda, such as kashyappa samhita, rasaratna samucchaya, brahat yoga tarangini, bhaisajya ratnavali, Chikitsa sangraha, Harita samhitha, gada nigraha and many more.		

Along with the brahamtrayi, laghutrayi, and major texts of Ayurveda a lot of ayurvedic knowledge and wisdom remains unexplored in the form of Manuscripts. The Manuscripts are written in different languages and scripts and in different materials like palm leaf, birch bark, cloth, stone etc. Most of the manuscripts are written in Sanskrit language.

*"As per one of the surveys made by Dr. S. C. Biswas and Mr. M. K. Prajapati on behalf of INTACH (Indian National Trust for Art and Cultural Heritage) during 1988-90 and on the basis of scrutiny of about 1100 printed catalogues and hand lists belonging to 70 libraries, institutions and individuals, the following estimates were made"*

*"The National Mission for Manuscripts (NAMAMI), New Delhi provides a conservative figure of seven million manuscripts in India, and its database is approaching 3.2 million records."*

**A quick database of unpublished Ayurvedic manuscripts in India & other countries is here;**

SL.NO	Total number of manuscripts in India	Manuscripts in number
1	Sanskrit 67% Other Indian Languages 25% Arabic/Persian/Tibetan 8%	5,000,000
2	Indian manuscripts available in European countries	60,000
3	Indian manuscripts in South Asia	150,000
4	Number of manuscripts recorded in	1,000,000

MAJOR MANUSCRIPT REPOSITORIES IN INDIA	MAJOR COLLECTIONS OF INDIAN MANUSCRIPTS OUTSIDE INDIA
<ul style="list-style-type: none"> <li>• Saraswati Mahal Library in Tanjavur, Tamil Nadu</li> <li>• Government Oriental Manuscript Library, Chennai</li> <li>• Oriental Research Institute, Thiruvananthapuram</li> <li>• Bhandarkar Oriental Research Institute, Pune</li> </ul>	<ul style="list-style-type: none"> <li>• National Library, Berlin, Germany</li> <li>• Bibliotheque de Nationale, Paris, France</li> <li>• India Office Library, London</li> <li>• Kyoto University Library, Kyoto, Japan</li> <li>• Tribhuvan University, Kathmandu, Nepal</li> </ul>

**Published Manuscripts:**  
 So far NAMMI (National mission for manuscriptology) has published five volumes under Tattvabodha series, five volumes under Kriboodha, ten under Samikshika, two under Samrakshika and thirty under Prakashika Series, 27 under Kritit Rakshana and five descriptive catalogues.

**List of some of the famous published manuscripts;**

- |                                       |   |
|---------------------------------------|---|
| Abhrakabhasmaivahanam                 | Vaidyakalpadruma                            |
| Abhrakalaksana                        | Vaidyakalpaubhusanam                        |
| Akalanikasamhita                      | Vaidyakapaddhati (Ayurvedasara)             |
| Ayurvedasudhanidhi                    | Kasinatha                                   |
| Baagrahaekitsatantram                 | Vaidyakaasarodhara – Harsakirti             |
| Chikitsamava – Mahesvara              | Vaidyahrdayanandam – nahari                 |
| Magarajapaddhati – Magaraja           | Vaidyakaग्रन्था – Pujyapada                 |
| Mahavaidyasastram – Akalanika         | Vaidyakalpalpadruma                         |
| Mallaprakasa – Lukanatha or Malladeva | Vaidyakalpaubhusanam                        |
| Manapriyamattam                       | Vaidyakapaddhati (Ayurvedasara) – Kasinatha |
| Parahitasamhita – Srinatha            | Vaidyakaasarodhara – Harsakirti             |

**CONCLUSIONS**

- ✓ Ayurveda was first recorded in the Vedas, & it is the world's oldest existing literature.
- ✓ Brahamtrayi and laghutrayi forms the major literature of ayurvedic science which were unquestionable in the past & it will remain unquestionable in present & future.
- ✓ A huge amount of knowledge treasure lies in the molded form of manuscripts which is needed to be published.



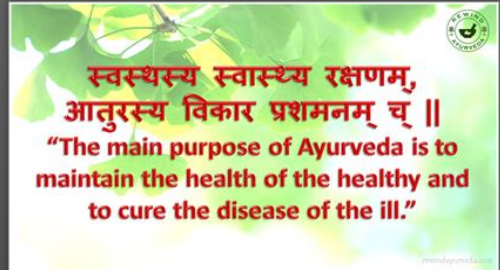
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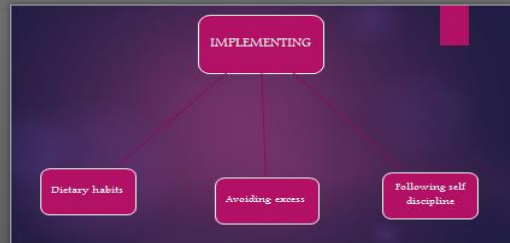
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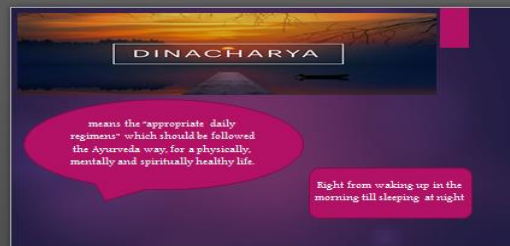
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### For maintaining the health of Nasal cavity, Eyes and Ears

- Nasal drops (Nasyam)
- Medicated Smoke inhalation (Dhumapana)
- Collyrium (Anjana)
- Ear instillation drops (Karnapurana)

13

### For maintaining the health of the largest sense organ - the skin

- Oil massage (Abhyanga)
- Herbal powder massage (Udvartanam)
- Fath (Snanam)

14

### EXERCISE (vyayama)

#### 2. Vyayama -exercise

- Daily exercise of up to 50% of one's exertion capacity → enhances digestion, removes ama/toxins, strengthens tissue metabolism → promotes immunity.

15

### Benefits of balanced diet (food) for healthy lifestyle

The food enhances vitality, strength & makes the body sturdy. Food increases enthusiasm, memory, agni, life span, lustre & eyes.

16

### Ritucharya

AYURVEDIC SEASONAL REGIMEN FOR HEALTHY LIVING

17

### Shad Ritu - Six Seasons

India is a country blessed with Six different seasons

S. No.	Month	Length	Start date (Gregorian calendar)	Ritu	Season
1	Chaitra	30/31	March 22	Vasanta	Spring
2	Vaisakhi	31	April 21		
3	Jyeshtha	31	May 22	Grishma	Summer
4	Ashadha	31	June 22		
5	Shravana	31	July 23	Varsha	Monsoon
6	Shradhpad	31	August 23		
7	Ashwin	30	September 23	Hemant	Autumn
8	Kartik	30	October 23		
9	Agashayana	30	November 22	Hemant	Winter
10	Poush	30	December 22		
11	Magh	30	January 21	Shishir	Cold & dry season
12	Phalgun	30	February 20		

18

### IMPORTANCE OF RITUCHARYA

According to Ayurveda, an enhancement of strength and lustre includes happiness etc. caused by the maintenance of tissue elements.

Acharya Charaka says that the seasonal dietary and regimen practiced by a man who knows the seasonal homology with regard to behavior and diet, promote his vigor and complexion.

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### HEMANTHA RITUCHARYA ( WINTER SEASON)

#### Hemant-Shishir Ritu (Pre-winter & Winter)

Months from mid-November to mid-March

High body strength, Powerful agni - Digestivefire, Consume food with sweet, sour and salt tastes

21

### Diet and Lifestyle in Hemanta ritu (Winter season)

22

Season	Wholesome diet	Unwholesome diet
Shishir Ritu (winter)	Rice (Oryza sativa), wheat (Triticum aestivum), Tila (Sesamum indicum), etc. Milk and milk products, sugarcane (Saccharum officinarum) and its products - jaggery, etc., fats, edible oil, flour products, green vegetables, Sunthi (Zingiber officinale), Laashana (Allium sativum), Haritaki (Terminalia chebula), Pipplli (Piper longum), etc.	Cold drinks, Vasa aggrava, Bengal gram/Chana (Cicer) etc. Too much of foods having astringent taste. Light foods like puffed rice, Cold drinks, too much of oil like sweets prepared from a. Sour foods like curd, etc. Fatty and oily foods.
Vasanta Ritu (spring)	Rice (Oryza sativa), wheat (Triticum aestivum), maize (Zea mays), barley (Hordeum vulgare), green gram (Vigna radiata), lentil (Lens culinaris), red gram (Cajanus cajan), etc. Honey, Khadi (Alicia catechu), Musta (Cyperus rotundus), ginger (Zingiber officinale), Haritaki (Curcuma longa), Tulsi (Ocimum sanctum), Neem (Azadirachta indica) leaves, etc.	Heavy and warm foods like gram (Vigna mungo), must, confectionery, etc. Excess of meat, salt, chilli, (Celastrum vageana), etc.
Grishma Ritu (summer)	Old barley (Hordeum vulgare), rice (Oryza sativa), wheat (Triticum aestivum), etc. Meat, honey, Yava (cereal), Panchakola (Piper longum, Piper chaba, Plumhago zeylanicum, Zingiber officinale), Sandhar (Lanata foek salt), etc.	Excessive liquid and wine, charmed and fermented pre. etc. Heavy diet, excess of salts.
Varsha Ritu (monsoon)	Old barley (Hordeum vulgare), rice (Oryza sativa), wheat (Triticum aestivum), etc. Meat, honey, Yava (cereal), Panchakola (Piper longum, Piper chaba, Plumhago zeylanicum, Zingiber officinale), Sandhar (Lanata foek salt), etc.	Excessive liquid and wine, charmed and fermented pre. etc. Heavy diet, excess of salts.
Shard Ritu (summer)	Old barley (Hordeum vulgare), rice (Oryza sativa), wheat (Triticum aestivum), etc. Meat, honey, Yava (cereal), Panchakola (Piper longum, Piper chaba, Plumhago zeylanicum, Zingiber officinale), Sandhar (Lanata foek salt), etc.	Excessive liquid and wine, charmed and fermented pre. etc. Heavy diet, excess of salts.

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### To conclude,

Concept of healthy lifestyle in Ayurveda is wider which includes the conducts / regimens like Daily conducts (Dinacharya), Seasonal conducts (Ritucharya), Sadvritta (Behavioural conduct), Dietary habits (Ahara vidhi) etc.

Healthy lifestyle has great role in the prevention of diseases.

By inculcating the principles explained in Daily conducts (Dinacharya), Seasonal conducts (Ritucharya) etc., in our lifestyle, ultimately there will be a better Quality of life.

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## SADVIRTA (GOOD CONDUCT)

- ✦ Ayurveda, the science of life explains the daily regimens in terms of ahara(food), vihara(lifestyle) and sadvrita(good conduct) which will help in preventive and promotion of health. Sadvrita is not only increase the lifespan but also increase the quality of life.
- ✦ A set of virtuous acts are mentioned in the context of sadvrita(good conducts) by following which a person attains long life.

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Constituents of sadvrita are –

Satyavadi	Truthful
Akrodha	Free from anger
Nivritta madya	Devoid of alcohol
Nivritta maithuna	Devoid of sexual activities
Ahimsa	Non violence
Anayasa	Not involving in strenuous activities requiring more than ones maximum strength
Prashantam	Peaceful
Priyavadinam	Pleasing speech
Japa	Practicing enchantation
Shoucha	Maintaining cleanliness

4

Dheera	Stable and steady
Dana nityam	Practising charity regularly
Tapas	Penance
Deva go brahmana, guru, vridhaacharanam	Offering prayers to god, cow, brahmana, teacher, preceptors and old peoples
Anurashmeya parasmityam	Absolutely free from barbarous acts
Nityam karunamedinam	Compassionate
Sama jagarana svapnam	Sleeping and waking up at regular time
Nityam kishora ghritashesamam	Regularly consuming milk and ghee
Desha kala pramanajnamam	Having a fair knowledge of time and place
Yuktijnanam	Expert in knowledge of rationality

Anahankrutam	Free from ego
Shastacchara	Good conduct
Asankeerana ashana	Avoiding unwholesome food
Adhyatma	Interested in spiritual knowledge
Pravanendriyam	Having excellent sense organs

Probable mode of action of sadvrita.

- By personality development.
- By improving the social relationship.
- By improving the physical health.
- By enhancing the spiritual wellbeing.

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## DHARANIYA AND ADHARANIYA VEGA (SUPPRESSIBLE AND NON SUPPRESSIBLE URGES)

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✦ The term Vegadharanam consists of 2 words- Vega and Dharana. The term Vega means "natural urge" and the term Dharana means "suppression."

✦ Ayurveda explains the knowledge of the do's and don'ts one has to follow, which favours the wellbeing of each individual to lead a healthy, happy, comfortable life, both physically and mentally.

✦ Human body is the most evolved and sophisticated system which has its own purificatory mechanism to eliminate the toxic waste substances produced inside it, thus maintaining homeostasis.

✦ The Vegas (natural urges) described in Ayurveda is an excellent example of this. Suppression of these Vegas (natural urges) is considered as one of the main causes of almost all the diseases by ancient Ayurvedic classics. Now-a-days due to busy life and heavy work load, people often suppress the nature's call. If it is suppressed regularly it will produce long standing consequences

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✦ 13 such Adharaniya vegas are explained in Ayurvedic texts which should not be suppressed at any cost.

1. Mutra Vega (urge of micturition/ urination)
2. Purisha Vega (urge of defecation)
3. Shukra Vega (urge of ejaculation)
4. Apanavata Vega (urge of flatus)
5. Chardi Vega (urge of vomiting)
6. Kshavathu Vega (urge of sneezing)
7. Udgara Vega (urge of eructation)

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8. Jumbha Vega (urge of yawning)
9. Kshudha Vega (urge of hunger)
10. Trushna Vega (urge of thirst)
11. Bashpa Vega (urge of crying)
12. Nidra Vega (urge of sleep)
13. Shramashwa Vega (urge of breathing caused by over exertion)

✦ If suppress the natural urges it leads to several diseases -  
✦ Diseases of head region are seen by observing symptoms like pratisyaya (rhinitis/cold), eye diseases, giddiness occurs due to suppression of lacrimation urge (tears). Deafness due to suppression of thirst urge.

Heaviness in eyes, frequent yawning occurs due to the suppression of sleep urge. Headache occurs due to suppression of urination urge, defecation urge, and sneezing urge. Ardhavabhedaka (migraine), weakness of sense organs and Ardita (facial paralysis) occurs due to suppression of sneezing urge.

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Dharaniya vegas(Suppressible urges)

1. Lobha(Greed)
2. Shoka(Grief)
3. Bhaya(Fear/Anxiety)
4. Krodha(Anger)
5. Maana(Pride)
6. Nirlajja
7. Irshya(Ego)
8. Atriraga(Excitement)
9. Abhidya(Envy)

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Scriptures identify dharaniya vega as a disease in themselves because they affect the functioning and health of the mind when left unchecked and divert the mind from the purpose of life. He who is desirous of happiness here (in this life) and hereafter (life in the other world) should control these urges gain control over his sense organs.

Vegadharana is a concept elaborately explained in Ayurveda. It is considered as the most important among those which causes ill health to a person. Most of these diseases are difficult to be managed due to shyness or financial problems

According to Benjamin Franklin "An ounce of prevention is worth a pound of cure." So prevention should be given more importance which is easier than disease management. Many research studies had been done on this subject.

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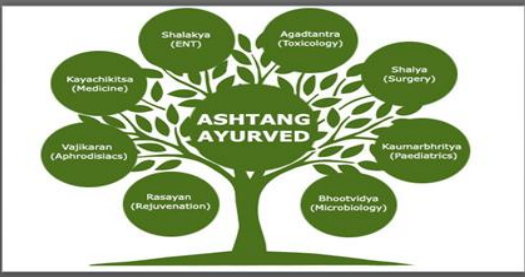
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# ASHTANGA AYURVEDA

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- Ashtanga Ayurveda (Eight wings of Ayurveda)**
- Kaya chikitsa
  - Shalya tantra
  - Urdhwanga chikitsa (shalakya tantra)
  - Kaumara-bhritya chikitsa ( bala roga chikitsa)
  - Rasayana chikitsa
  - Vajjikanana chikitsa
  - Bhoota vidya (graha chikitsa)
  - Visha chikitsa ( agada tantra)

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**Kaya Chikitsa (General Medicine):**

Kaya chikitsa is that which meant for alleviation of generalized diseases like fever, bleeding disorders, mental disorders, skin diseases, diabetes, gastro intestinal disorders etc

5

**Shalya Chikitsa (Surgery):**

- Shalya tantra stands for surgery and deals with extraction of foreign bodies, disorders that require surgical / parasurgical management. It remains reserved for those classes of diseases which cannot be cured with medicines.
- Sushruta is known as father of modern surgery and majority of the surgical procedures done in modern medicine and modification of ancient procedures

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**Shalakyta tantra ( ENT and Ophthalmology )**

Acharya Nimi is considered as father of shalakyta tantra. The term Shalakyta stands for probe the branch deals diseases of ayanas (Eye), shruvan (ear), vadana (face) ghmana ( nose). Shalakyta tantra further divided into Netra chikitsa ( ophthalmology), Kana chikitsa (otology), Nasa chikitsa (rhinology), Mulharoga chikitsa (oral hygiene, dentistry and laryngology), shiro roga chikitsa ( disease of osseum).

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**Koumarabhritya (Paediatrics and Obstetrics)**

- the branch deals with nourishment, support and maintenance of children and diseases of pregnant, puerperal women like disorders of breast milk.

8

**Agada tantra ( Toxicology)**

the branch which meant for diagnosis and treatment of various poisonings such as with bites by snake, insects, spiders, rats etc and also with other poisonous substances and their antidotes

9

**Rasayana tantra (Rejuvenation Therapy)**

- Rasayana tantra which meant for stabilizes youthfulness and prevent senility, promotes the life span, intellect, strength and does the prevention of diseases
- Rasayana drugs are better known as tonics or science of rejuvenation. Directly or indirectly have anti oxidant, anti -aging and anti stress effect

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**Vajjekarana tantra (Aphrodisiacs Therapy)**

- Vajjikanana deals with promotion of sexual potency and quality of semen and producing exhilaration
- The vajjikanana drugs have spermoptics, some helps in excretion of semen, some ignites the sex desire

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**Bhoota vidhya**

- Bhoota vidya represents the ayurvedic psychology and deals with treatment of psychosomatic diseases like insanity, epilepsy and disease caused by evil spirits and ghosts.

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# Concept of Nidana

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## Introduction

- The aim of Ayurveda is swasthasya swāsthya rakṣaṇam, āturyasya vikāra praśamanam.
- It gives first preference to maintenance of health.
- Nidāna is one of the rōgaparīkṣa mentioned by our acharyas.

- Hētu (aetiology)
- Liṅga (sign and symptoms)
- Auśadha (drug and therapy) are the three sūtra of Āyurveda.
- Without the knowledge of Hētu (cause of a disease) and Liṅga (sign and symptoms), the implication of Auśadha (drug and therapy) is not possible.
- Treatment of diseases will be effective only with good knowledge of Nidāna.

- The term Nidāna stands for both
  - Vyādhijanak (cause of disease) and
  - Vyādhibodhak (knowledge of disease)
1. Vyādhijanak nidāna, called as Hētu and
  1. Vyādhibodhak nidāna comprises of Nidāna, Pūrvarūpa, rūpa, Upaśaya and Samprāpti.

## Synonyms

- Nimitta
- Hētu
- Kāraṇa
- Yoni
- Ayatana
- Pratyaya
- Utthāna
- Karta
- Mūla.

- **Nirukti:**
- It mean "ni nis-chitya diyale anena iti".
- Dictionary meaning is first or primary cause .
- **Pāribhāsa:**
- 1. Factor that which manifests disease is known as nidāna.
- 2. Nidāna means one which aggravates vātadi doṣas due to intake of ahita āhāra and vihara.

## Two types of hētu

1. Utpādaka
2. Vyanjaka

## Three types of hētu

1. Doṣa hētu
2. Vyādhī hētu
3. Ubhaya Hētu

## Three types of āyatana:

1. Asātmēndriyārtha saṁyōga
2. Prajñāparādha
3. Parīṇāma

## Importance of nidāna:

### ✓ Preventive aspect

Dinacharya, Rutucharya and Achara rasayana which are explained and followed by our ancestors, thereby avoiding the nidānas is the preventive measure to rogotpatti .

### ✓ Diagnostic aspect:

• For diagnosis of disease, one should know the exact reason for the manifestation of disease .

## ✓ In differential diagnosis:

• When the signs and symptoms of two or more diseases are identical, a precise diagnosis becomes very difficult. In such conditions if we are able to trace out the exact etiological factors, then a definite diagnosis becomes possible.

### ✓ Prognostic aspect:

• For treating diseases the highest importance should be attached to avoidance of causes responsible for the vitiation of doṣas because it will be helpful in breaking the samprāpti of the diseases.

## Conclusion

- The success of physician depends on the skill of diagnosing a disease correctly and treatment should be given according to that.
- Nidāna panchaka is a process or sequential way of diagnosing a disease at various stages.
- The equilibrium state of dhātus is not disturbed, imbalanced state is brought to normalcy without some causative factors, that cause (either balanced or imbalanced) determine the equilibrium or imbalanced state of dhātu.
- Nidāna is the foremost step of nidāna panchaka.
- In short, Nidāna(cause of disease) is to be avoid for treatment.

# Thank You

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# INTRODUCTION TO VYADHI [DISEASE]

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## INTRODUCTION

- AIM OF AYURVEDA

"Swasthaya Swasthya Rakshanam, Athurasya Vikara Prashamanam"

Maintaining the healthy state of a healthy person, Treating the disease in a diseased individual.

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## WHAT IS VYADHI [DISEASE] ?

- The term Vyadhi refers to 'Pain' from its derivation.
- Word meaning implies - ILLNESS, SORROW, SICKNESS, AILMENT, DISORDER, DISEASE.
- DEFINITION – Vyadhi [disease] is something that causes pain or discomfort to man by inflicting his mind and body.

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## VYADHI ASHRAYAS SUBSTARATES OF DISEASE

SHAREERA [BODY] AND MANAS [MIND] ARE THE TWO ASHRAYAS OR SUBSTRATES FOR DISEASE.

EG - FEVER [JWARA]

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## VYADHISANKARATHVA CONCEPT OF COMBINATION OF DISEASES

THE MANIFESTATION OF TWO OR MORE DISEASES SIMULTANEOUSLY IN A PATIENT.

IT MAY BE DUE TO –

- MISMANAGEMENT
- NEGLECT FROM THE PATIENT

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## CAUSATIVE FACTORS OF DISEASE

- A SINGLE CAUSE MAY BE RESPONSIBLE FOR THE PRODUCTION OF A NUMBER OF DISEASES.
- A SINGLE CAUSE MAY PRODUCE ONLY A SINGLE DISEASE.
- SEVERAL FACTORS MAY LEAD TO SEVERAL DISEASES.

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## GURU AND LAGHU VYADHITHA SEVERITY OF DISEASES

- Depending on the stamina and willpower of the patient disease presentation may vary. That is, a patient with good stamina and strong willpower may show mild presentations even though the underlying disease is severe.
- Contrary to this a patient with weak mental and body power, may present severe symptoms even if the underlying pathology is mild.
- The importance to careful interrogation of the patient by the physician must be given, so as to avoid the misinterpretation of severity of disease. If guru vyadhi [severe diseased] diagnosed as laghu [mild] by an inexperienced clinician and medicine which is mild in potency or dose is given, it won't be able to cure the disease. And if a laghu vyadhi [mild diseased] is misdiagnosed as guru [severe] and high dose medicine is given, it may harm the patient.

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## CLASSIFICATION OF DISEASES

IMPORTANCE OF CLASSIFICATION

- TO DIAGNOSE THE DISEASE
- TO DECIDE THE PROGNOSIS OF THE DISEASE
- TO DECIDE TREATMENT PROTOCOL

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• ONE TYPE CLASSIFICATION

ACCORDING TO KASHYAPA, PAIN ( COMMON BETWEEN ALL THE DISEASE SINGLE TYPE OF DISEASE.

TWO TYPE CLASSIFICATION

- BASED ON TREATMENT PROCEDURES
  - 1)SHASTRASADHYA VYADHI (SURGICALLY CURABLE DISEASE)
  - 2) SVEDADISADHYA VYADHI (NON SURGICALLY CURABLE DISEASE)
- BASED ON NUTRITIONAL CAUSES
  - 1)APATARPANAJ VYADHI (UNDER NUTRITION DISEASES)
  - 2) SANTARPANJANYA VYADHI (OVER NUTRITIONAL DISEASES)

Prognosis	Sadhya (Curable)	Asadhya (Incurable)
Intensity	Laghu (Mild)	Guru (Severe)
Location	Manaski (Mental)	Sharira (Physical)
Nature of causative factor	Nija (Endogenous)	Agantuj (Exogenous)
Site of origin	Origin from Amashaya (Stomach)	Origin from Pakvashaya (Intestine)
Vitiatation of Dosha	Anubandhy (Primary Disease)	Anubandhy (Secondary Disease)
Sadhya (Curable Disease)	Sukhasadhya (cured easily)	Kruchsadhya (cured with difficulty)
Asadhya (Incurable Disease)	Yaapya (palliable)	Asadhya (absolute irreversible)
Nature of Disease	Guru (serious disease)	Laghu (mild disease)
Prominent Dosha	Samanyaja (general type)	Nanatmajaja (specific type)

SEVEN TYPE CLASSIFICATION CLASSIFICATION OF DISEASES

- 1) AADI BALA PRAVRUTTA (HEREDITARY)
- 2) JANMA BALA PRAVRUTTA (CONGENITAL)
- 3) DOSHA BALA PRAVRUTTA (HUMERAL DISEASE)
- 4) KALA BALA PRAVRUTTA (ECOLOGICAL DISEASE)
- 5) DAIVA BALA PRAVRUTTA (SUPERNATURAL DISEASE)
- 6) SVABHAVA BALA PRAVRUTTA (NATURAL DISEASES)
- 7) SANGHATA BALA PRAVRUTTA (TRAUMATIC DISEASE)

## CHIKITSA – AYURVEDIC PERSPECTIVE

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DEFINITION OF CHIKITSA-

- In literal terms chikitsa means treatment. That means any effort done to maintain the equilibrium between the doshas ,dhatu,mala and to maintain state of healthy life and to cure the diseased state.
- In ayurveda there are mentioned different types of chikitsa.

❖ **Classification of Chikitsa**

-**Ekvidha Chikitsa : Nidanaparivarjan**

Nidana means the cause or factor of the disease and parivarjana means to leave that particular cause or factor that promote the disequilibrium between the dosha, dhatu & mala, eventually leading to samprapti (pathogenesis) of the disease.

Nidanaparivarjana in ayurveda is the main line of treatment, as it become easy to treat the disease once the root cause will be avoided.

❖ **Dwividha chikitsa or two types of treatment**

i)-Swasthaurjaskar and Rogaghana

**Swasthaurjaskar:** refers to the remedies applied for the prevention of the disease to maintain the state of health. On the basis of usage or purpose for which this remedy is used Urjaskar is further divided into the two following categories:

**Rasayana and vajikarana**

**Rasayana:** These are the remedies applied for rejuvenation and are associated with physical & physiological aspects of health

**Vajikarna:** These are the remedies applied for increasing the sexual vigor and vitality in human beings.

Both Rasayan & Vajikaran serve preventive and therapeutic aspects.

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- **Rogaghna**  
This refers to the remedies applied to cure the ailment or disease. These remedies are classified as follows:  
-**Rogprashaman**: This refers to the treatments aspect that are applied to cure the disease but it is unable to prevent the recurrence of disease.  
-**Apunarbhava**: This refers to the treatments that are able to cure the recurrence of the disease.

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- **ii) Sodhana chikitsa**: means all the remedies done to eliminate the toxins from the body or to purify the body from the toxins. This can be done through the processes of panchakarma.  
**Shamana chikitsa**: remedies done to treat the disease in the form of oral medications.

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- **iii) Dwidividh Chikitsa (Two Types Of Treatment)**
  1. **Sheeta chikitsa (cold treatment)**
  2. **Ushna chikitsa (hot treatment)**

This treatment is done according to the cause of the disease; if the disease is caused by cold then it is treated by hot treatment and vice versa

**Aptarpan chikitsa (decreasing the strength and weight)**

. A heavy and a fat patient is given aptarpan (decreasing the strength and weight) treatment so as to reduce and over and extra nourished body.

  - **Santarpan chikitsa (increasing the strength and weight)**
  - Weak patient is given Santarpan (increasing the strength and weight) treatment so as to cover his malnutrition body.

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iv) 1. **Dravya bhoot chikitsa (materialistic treatment)**

2. **Adavya bhoot chikitsa (non-materialistic treatment)**

This treatment depends upon the situation of the patient. If the patient requires medicines then he is given so and this comes under Dravya bhoot chikitsa (materialistic treatment) otherwise he will be given diet modification which is included in Adavya bhoot chikitsa (non-materialistic treatment).

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- **Trividh Chikitsa** or three types of treatments
- i) **Daiva vyapashray**: This refers to faith healing or the methods related to belief of any individual. Generally all these methods have a religious reasoning behind them. These include uses of mantra- Jap (in the form of prayers), Aushadhi- Dharan means to wear beads of Rudraksha or other herbs, Tirthyatra (to visit religious shrines) to offer prayers to god.
- **Yukti vyapashray**: It refers to the ideas implied to decide a regimen for the management of the treatment and medication of the patient.  
Example: combinations of medicines, dosage of particular medicines etc. depending upon factors like age, severity of the disease etc.
- **Satvawaya**: It refers to the remedies that are concerned with healthy and ideal life style, that eventually leads to physical and physiological well being. Example: yoga, meditation, following dincharayas, ritucharayas, ratricharyas etc

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**Trividh Chikitsa Upakram (Three types of therapies)**

ii) **Antaparimarjan**: This refers to the medicines that are consumed orally.

- **Bahiparimarjan**: This refers to the medicines that are consumed for local application like massage, poultices etc.
- **Shastra Pranidhan**: This refers to the remedies that are in the form of surgical procedures involving the use of surgical instruments.

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**Third CATEGORY -**

1. **Langhan**
2. **Langhan pachan**
3. **Doshavesechan (sanshodhan)**

In the langhan the doshas are in the least amount and the patient is also weak. In this he is jatahragni (digestive enzymes) ad vayu is increased so the disease or the abnormality gets settled at its place only. In the langhan pachan after performing the langhan certain medicines are give so as the doshas gets digested. When the doshas are vitiated in excess then he is done Doshavesechan (sanshodhan)

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- **iv) Aasuri, Maanushi and Daivi Chikitsa –**  
**Aasuri chikitsa** – Asura means demon. Treatments done using instruments i.e. surgical procedures are considered as Aasuri chikitsa because it looks cruel to apply instruments.
- **Maanushi Chikitsa** – Manusha means man or human. Treatments done using medicines like powder, decoction, infusion, tablets etc is called Maanushi chikitsa since it looks more humanly.
- **Daivi Chikitsa** – Daiva means God or divine. Treatments done administering Rasayanas (rejuvenators, anti-ageing, immune modulators etc) and Vajikarana (aphrodisiacs) are called Daivi chikitsa.

- **V)Apakarshana, Prakriti-vighatana and Nidana-tyaga –**  
Apakarshana means to remove. This is of 2 types.  
Bahya Apakarshana – In this, the cysts, tumours, crooked eyelashes, worms, etc foreign bodies which have external manifestations over the surface of the body are removed or extracted with the help of surgical instruments or hands.
- Abhyantara Apakarshana – In this, the morbid doshas inside the body are removed or extracted by administration of evacuation or cleansing treatments like Vamana (therapeutic emesis), Virechana (therapeutic purgation) etc.
- Prakriti Vighatana means to pacify. This again is of 2 types.  
Bahya Prakriti vighatana – In this the external measures like Abhyanga (oil massage), Swedana (fomentation or sweat inducing treatment) etc are administered.  
Aabhyantara Prakriti Vighatana – In this, deepana (appetite enhancers or medicines used to kindle the internal fire or metabolism), pachana (digestants) etc are administered to pacify the morbid doshas internally.
- Nidana Tyaga – Nidana means the causative factors of the disease. Tyaga means to keep away or sacrificing. Thus Nidana Tyaga means to keep away from the causes of a disease or avoid the causative factors of the disease.

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#### • Chaturvidh Chikitsa (Four Types Of Treatment)

i) It includes four parts. These are

- o Sanshodhan chikitsa
- o Snashman chikitsa
- o Aahar chikitsa
- o Aachar chikitsa

In sanshodhan the vitiated doshas are expelled out of the body. It is performed in patient who has strength to bear this treatment. In snashman the aggravated doshas are being suppressed at its place and is usually done in patient who has low strength and are soft. Aachar chikitsa is basically a psychological treatment in which the patient is treated by making him indulge in social and religious activities. The last one is aahar chikitsa that refers to maintaining his diet according to the doshas he is being suffering from.

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- **Chaturvidha Chikitsa (4 types of treatments)**  
**Brimhitavya, Prashamayitavya, Nirhartavya and Paripaalya (Su.chi.33/3) –**  
ii) Brimhitavya – This means to increase the doshas which have decreased and to bring them back to normalcy.
- Prashamayitavya – This is opposite of Brimhitavya, the increased doshas should be decreased and brought back to normalcy.
- Nirhartavya – The aggravated doshas should be expelled from the body
- Paripaalya – The doshas which are in a condition of normalcy (equilibrium) should be guarded and balanced

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• Panchvidh Chikitsa (Five Types Of Treatment) In this category there are five types of treatment very commonly known as panchkarma. These are:

1. Vaman
2. Virechan
3. Nasya
4. Niruh vasti
5. Anuvasan vasti

Basically all these things are included in sanshodhanam as these are the measures by which doshas are eliminated through body. Vaman means eradication of aggravated doshas through mouth by use of emetics. Virechan is the eradication of doshas through anal region by use of purgative. Nasya is eradication of mucous from respiratory tracts and sinuses. Anuvasan vasti and niruh vasti are basically helpful in strengthening intestines and eradicating the doshas from the intestines respectively. Some times another procedure is also included in it that is known as Raktmokshan chikitsa. Raktmokshana is a procedure in which there is letting of impure blood from the body.

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• **Shadvidh Chikitsa (Six Types Of Treatment)** It includes

1. Langhan chikitsa
2. Brihan chikitsa
3. Rukshan chikitsa
4. Snehan chikitsa
5. Swedan chikitsa
6. Stanbhan chikitsa

That treatment that creates feeling of lightness in body is known as langhan treatment. The treatment that increases the size of the body is known as brihan chikitsa. The treatment that dries the body is known as rukshan chikitsa. Then we lubricate body with oils and ghee it is called snehan chikitsa. The treatment which involves sudation is known as swedan chikitsa. Stanbhan treatment involves stopping the movement of vitiated doshas.

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• **Types of treatment in shalya tantra (surgery)**

1. **Chedan (excision)**- it is the surgical removal of any part or tissue of the body
2. **Bhedan (incision)**- a surgical procedure which involves cutting of or into a body part or a tissue
3. **Lekhan (scraping)**- it means scratching of a body part or a wound
4. **Vedhan (puncturing)** - it means piercing a hole in the body or a part or a tissue.
5. **Eshan (probing)** - It is the physical examination done to detect the tract of a sinus with a help of a probe.
6. **Aaharan (extraction)**- it is the removal of the foreign body from the body
7. **Visravan (drainage)** – removal of accumulated fluid or blood out of the body.
8. **Seewan (stitching)**- joining the two parts of the skin separated by any injury or by any other way.

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• **CONCLUSION-**

- As the saying goes 'old is gold' it truly fits in relation to ayurveda. There is no doubt that this holistic medical science has been widely accepted for its exemplary results and for providing it in a natural way.
- Believe in Ayurvedic treatment and experience it. You will never complain for feeling 'healthier than ever'.

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## A NOTE ON OUSHADHA (MEDICAMENTS)

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### Introduction

- Ayurveda literally means 'the science of life'. It is one of the oldest and traditional healing systems.
- According to Ayurveda mere disease free body does not imply healthy body.
- Health (Swastha) in Ayurveda is defined as a state, when all the 3 bioenergy (doshas), metabolic process (agni), are in balance, excretory process are in proper order. When soul (atma), senses, intelligence (manaha) are in harmony with inner peace.
- Ayurvedic medicaments are based on this principle and mainly aims to balance the 3 bioenergies.
- Medicaments are one among the 4 pillars of therapeutics.

### Definition :

Medicine mainly having plant origin which eradicates the disease and which brings back the homeostasis is known as Aushadha.

In Ayurveda all the substances are believed to have therapeutic potential when used judiciously and logically.

### Types

The eternal science of life has described various types of medication for the management of the diseased. It can be classified into :

1. Pharmacological medicaments
2. Non Pharmacological Medicaments

## 1. Pharmacological Medicaments :


- Ayurvedic medicines are basically source from products of plants, animals and mineral origin, which are processed in various ways to prepare different dosage forms.
- There are wide range of Ayurvedic medicaments categorized as
  1. Herbal
  2. Herbo Mineral
  3. Mineral
- Based on the formulation depending upon the nature of the ingredients used in them.

### Various types of Formulations :

**1. Arka ( Distillate ) :**

Arka is an Ayurvedic preparation/ medicine in liquid form.

- It is prepared by one of the advanced method in which distillation of certain liquids or herbs soaked in water using a special equipment called Arkayantira or any convenient modern distillation apparatus is performed.
- These are extremely light in nature and very easy to assimilate in the system.




### 2. Asava & Arishta :

- These are the natural fermented liquid medicines.
- These are prepared in the form of herbal juices or their decoctions to undergo fermentation with the addition of sugar.
- Asavas are prepared by using fresh herbal juices, while arishtas are prepared by boiling herbs in water.




### 3. Avalehya

- These are jam or paste like preparations.
- These semisolid preparations will be prepared with the addition of jaggery, juices or even the decoctions.



### 4. Bhasmas

- These are the purified calcinations.
- They are very fine medicinal powders which are prepared by the process of calcination i.e the process of heating the metals, minerals etc on a high temperature to convert them into the oxides.



### 5. Churna

- These are generally raw herbs which are dried and powdered, then passed through different sieves to prepared fine powder and then mixed with other appropriate ingredients.



### 6. Ghrita

- These are the medicated and clarified butters.
- This process involves that the cow's milk is churned to obtain the butter which is heated at a temperature to obtain ghee.
- This ghee is then processed with medicinal herbs to produce the Ghrita preparations.
- These can be used externally and internally.



## 7. Guggulu

- These are the tablet that contain guggulu / resins as the main ingredient.
- Guggul has very subtle and penetrating qualities and because of this is considered a *yogavahi*, meaning that it is often employed specifically to carry other substances deep into the tissues.
- Further, its combination with other herbs actually lends direction to its powerful detoxifying and rejuvenating qualities



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## 8. Kwatha / kashaya

- These are decoctions
- It is made from the herbs by boiling them in the water till a specified time.
- A major part of therapeutic preparations mentioned in the ancient texts are in the form of kashaya's which are in daily practice.
- Kashaya's are widely used in many of drug purifications.
- Kashaya's are indicated as *anupana* in many conditions.



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## 9. Rasa dravya

- These are the herbo mineral medicaments.
- The minerals are purified under different purification process which removes harmful substances or impurities which may cause toxic effects or disease in the body.

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## 10. Taila

- These are the medicated oil which are extracted from the seeds of the single herb and then are processed with other herbs to make medicated oils



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## 11. Vati

- These are prepared from one or more plants or minerals in the form of tablets



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## 2. Non - Pharmacological Medicaments :

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## 1. DAIVAVYAPASHRAYA (Divine therapy):

- *Daiva* – Divine
- *Vyapashraya* – Depending
- It is the Non-pharmacological approach, in which divine methods are adopted towards a disease according to religious practices and beliefs.
- It is predominantly carried out in idiopathic cases of psycho-somatic diseases where a cause for the disease cannot be tracked down or when the diseases are not responding to any form of treatment

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### Daivavyapashraya consists:

- > *Mantra* – Incantation of holy words
- > *Aushadha* – Mear touch of some potent Herbs
- > *Mani* – wearing or touching precious Gems
- > *Mangala karma* – Propitiatory rites
- > *Niyama* – Oblation OR Auspicious rules & Regulation
- > *Prayaschitta* – Atonement
- > *Upavasa* – Fasting
- > *Swastyayana* – Oblation
- > *Pranipata* – Salutation OR Falling at one's feet
- > *Gamana* – Pilgrimage OR Teertha Yatra

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### SATWAVAJAYA :

- Restraining the mind from the desire from unwholesome objects is known as *satwavajaya* OR in other words mind controlling therapy.
- It is chiefly utilized in treating mental disorders based on the theory of normalizing the mental diseases.

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## Conclusion

- Ayurvedic medicaments have been widely used all over the world since ancient times and have been recognised for their therapeutic value.

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Presenter-Dr kalpana rao  
3<sup>rd</sup> yr PG scholar

## ROGI PAREEKSHA

It is the examination of the patient and is divided into 3 steps

1	Darshanam	Inspection, Observation Age, changes in color, nature of the physique, examination of seat of senses, body symmetry, nutritional status etc
2	Sparshanam	Palpation, Percussion, Auscultation Coarseness, smoothness, hotness, coldness, hardness, stiffness etc
3	Prashnam	Interrogation. Nature of pain, dreams, happiness & distress etc

- These steps are applied to a further detailed examination of the patient that is conducted in two ways – Dasavidha Pareeksha (tenfold examination) and Ashtasthana Pareeksha (eightfold examination).

## DASAVIDHA PAREEKSHA

1.	Dooshyam	Regarding the structural and functional abnormalities of the body.
2.	Desham	Geographical situation of the place where patient lives (eg: marshy).
3.	Balam	Physical strength.
4.	Kalam	The season and climatic conditions.
5.	Analam	The digestive power of the patient.

6.	Prakrithi	The natural Tridoshic constitution of the body. It is the inherent characteristic property of an individual refers to the genetically determined physical and mental makeup.
7.	Vayas	Age of the patient.
8.	Satvam	Regarding the structural and functional abnormalities of the body.
9.	Sathmyam	General and personal habits of the patient. Eg: smoking, hard working, day sleeping etc.
10.	Aharam	Nature of food (eg: vegetarian or non-vegetarian).

## ASHTASTHANA PAREEKSHA

1.	Nadi	Pulse.
2.	Moothram	Urine.
3.	Malam	Faecal matter.
4.	Jihwa	Tongue-taste.
5.	Sabdham	Voice and speech of the patient.
6.	Sparshanam	Touch, skin and tactile sense.
7.	Drik	Eyes and vision.
8.	Akrithi	General body build, eg: lean, muscular, etc.

## ROGA PAREEKSHA

- It is the diagnosis of the disease and is done by ascertaining the following five factors.

1.	Nidanam	Causative factors of the disease.
2.	Purvaroopam	Prodromal symptoms. eg: excessive sweating in Diabetes.
3.	Roopam	Sign and symptoms. eg: increased blood sugar in Diabetes.
4.	Upashayam	Alleviating factors.
5.	Samprapthi	Pathogenesis.

## NIDANA PANCHAKA – TOOLS FOR DISEASE EXAMINATION:

Nidana Panchaka (5 tools starting with Nidana) are the key tools used for Roga Pareeksha or diagnosis of the disease and knowing the nature of the disease. They are as below mentioned:

- Nidana** – helps us to learn about causative factors of the disease, the knowledge of which is the key to know why and how the disease process was initiated
- Purvarupa** – Premonitory symptoms of the disease which help in knowing the disease in the earlier stages of its manifestation
- Rupa** – Signs and Symptoms of a disease which help in understanding the manifested disease

- **Upashaya-Anupashaya** – Identifying a disease or diagnosing it on the basis of trial and error method after analyzing the aggravating and pacifying factors operating on a disease
- **Samprapthi** – It helps in knowing the story of the disease. We can understand the process or steps in which the chain of events leading from 'exposure to causative factors' to the 'manifestation of the disease' occurs, i.e. pathogenesis of the disease.

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### CHATURVIDHA JNANAS (4 SOURCES OF KNOWLEDGE)

Diagnosis and treatment are also based on the sources of knowledge.

1.	Pratyaksham	from what is observed.
2.	Anumanam	what is inferred.
3.	Aptopadesam	from authority..
4.	Yukti	according to logic.

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## NADI PAREEKSHA

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### Observation

- Palpate Nadi and observe the character of Vata, Pitta and Kapha by index, middle and ring finger respectively.
- Rates, Rhythm, amplitude and volume
- Try to find out the findings of different categories of diseases reflected in Nadi.
- Observe the walking pattern of different animals like swan, eartwarm, elephant, frog, crow, snake, peacock etc.

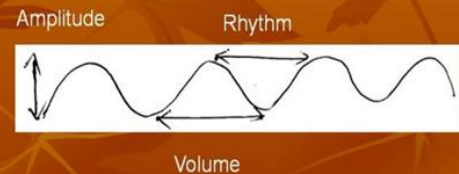
12

### Observation of Rate, Rhythm and amplitude and volume by Ayurvedic way

Pulse	Rate	Rhythm	Amplitude	Volume	Character
Vatic	++++ High	↑ or ↓ varied	+ Low	+ Low	Sarpagati 
Paittik	++ Moderate	↑ Normal	++++ High	++ Moderate	Mandukagati 
Kaphaja	+ Low	→ Moderate	++ Moderate	++++ High	Hamsagati 

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### Understanding of Rate, Rhythm, Amplitude and volume of pulse



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### Ayurvedic terminology in relation to Rate, Rhythm, amplitude and volume

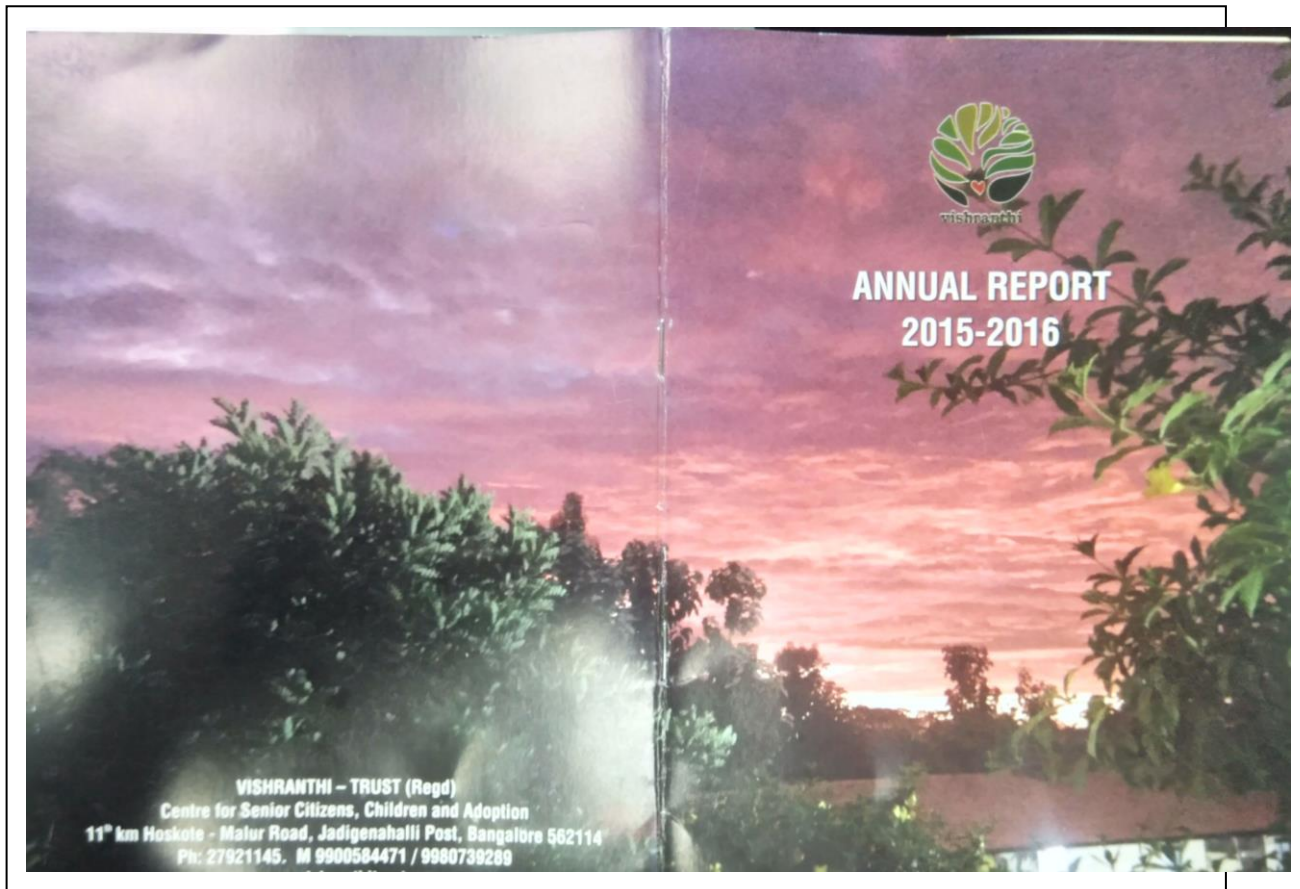
<b>Rate</b>	-	Capala (unsteady), teebra (fast), Manda (slow)
<b>Rhythm</b>	-	Kutila (shaky), Kampavata (Shaky), Cancala (unsteady), Vakra (curved), Ksina (feeble), Vispharita (Broad)
<b>Amplitude</b>	-	Vikampita (Throbbing), Sphut (Prominent) Ushna (hot)
<b>Volume</b>	-	High volume – Guru (heavy), Picchila (Slimy) Garista (Firm), Gambhira (Firm) Kathina (hard) Low volume – Suksma (Subtle), Jada (lethargic) Mridu (soft), Krishna (thin) Krura (dry)

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Thank You

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附件五、印度班加羅爾社區健康中心年度報告簡介



**From the Managing Trustees...**

Greetings and Happy beginning of the festive Season!  
2015 - '16 was a year of building - extension of the children's home, toilets, Adoption Centre & upgrading the kitchen to take on the bigger load.

The building continued with relationships - companies & individuals came forward to sponsor & support some of the construction, the children & even the cows! The major support was from the International Association of Human Values & The Art of Living who ensured that the lift facilitated the elders staying on the top floors.

It was as though she was waiting for the Adoption Centre to be completed - in came Vyshnavi at 10 days - left at our doorstep, followed by Vydehi and many others.

15 elders, 26 children & 6 cows continue to enjoy the pristine & energizing atmosphere at Vishranthi.

**Activities in the pipeline for 2016 - 17**

- ❖ Upgrade the facilities for the seniors and renew focus on taking the services offered at Vishranthi to the next level
- ❖ Better rain-water harvesting & zero waste management to be implemented at Vishranthi
- ❖ Organic hydroponic grass cultivation for the cows
- ❖ Incinerator for the girls' toilet
- ❖ Reduce the loss of abandoned infants in the area with enhanced networking
- ❖ Go off the grid with renewable energy
- ❖ Working towards making a model village with the help of The Art of Living & PWC



While abundant Grace has been at the root of all our achievements, we cannot but remember with gratitude everyone who has encouraged, helped, prayed and supported us. Your continued support is the key to ensure that together we touch more lives and enrich them!  
On behalf of all the trustees, my sincere & heartfelt thanks to all who have supported Vishranthi in Mind, Material & Spirit!  
Here's to an even more fulfilling year ahead of Service, Joy & Happiness!

**Inauguration of the new Children's Home & toilet complex, celebrations & our goshala**



**Vishranthi Children's Home - love, learning & fun!**



**All the children at Vishranthi scored A+ in their exams!  
And earned their trip to Mysore!**

**Here life-skills, spirituality & study go together!**



At the Multi-faceted Centre for Elders



I have been here for over an year and find the atmosphere fulfilling, loving and joyful.

Kasturi Natrajan

Jayalakshmi Balasubramaniam feels at home at Vishranthi



We are the architects of our own happiness!

Padma Iyer

Days filled with activity!



All the elders enjoy good companionship, professional care & homely activities that they prefer.

Helping & enriching



People don't always need advice. Sometimes all they really need is a hand to hold, an ear to listen and a heart to understand them!



We remember...

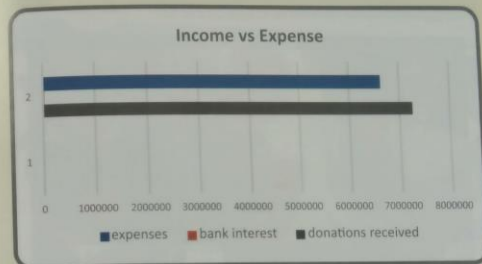
Mrs. Sethu Bai  
Mrs. Shantha  
Rajagopal



Over 37 elders have stayed at Vishranthi - some have passed on.

2014 - 2015

Audited figures at a glance



JPC & Associates  
No. 9, 2nd Floor, Mythri Legacy, Chelekere  
Road, Kalyan Nagar Post, Bangalore - 560 043

EXPENSES 2014-15



**Our latest baby - Vishranthi Adoption Centre**

The inauguration of the Adoption Centre brought great joy and a sense of purpose to the lives of the elders at Vishranthi! From playing with, talking to, praying for and taking care of the infants, the elders feel that they have been given an additional dose of 'Life'! Each infant has her own nurse to take care of her.



**THANK YOU!**

..... for making all of this possible!



**International Association of Human Values**



- K Ramamoorthy & Jaya Ramamoorthy
- Hema & Jayakumar, USA
- Ramani Narasimhan
- Ramamurti K Iyer, USA
- Kumar Balasubramaniam, USA
- Vedavalli Rajagopalan
- B Muthuraman - Retd CMD Tata Steel
- Babu Rangaswamy, Director HP
- Shobana Chandrakumar
- Manu Ittina
- Mamta Pillai
- Herman Miller & all the other many donors who have generously supported project Vishranthi



**Together we can.....Participation is the key.**



**We invite corporates & individuals to come and be a part of the Vishranthi experience**

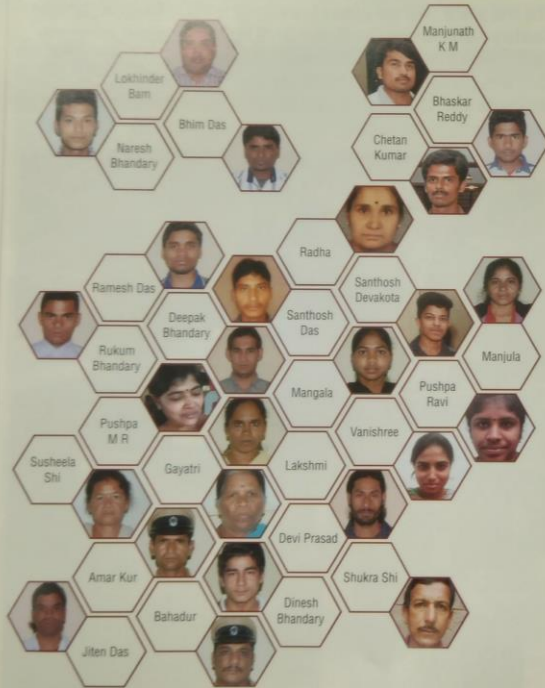
**The next phase....**

Vishranthi-Art of Living project at Jadigenahalli is off the ground! The first phase will see proper functioning toilets in the Govt Schools; Sanitary napkin distribution & menstrual hygiene awareness program. Rain water harvesting & hydroponic grass for our cows is on. Cummins Generator installed. The next step is to go off grid.. Vishranthi seen as a good location for small events, meetings, brainstorming sessions etc...





### Staff at Vishranthi



### Our Wishlist...

Infrastructure	
State of the Art e-classroom	₹ 100000
Bio Gas Plant	₹ 75000
Water filter	₹ 38000
Bunker cots	₹ 18000 each
30 Mattresses @ Rs 600 each	₹ 18000
30 Blankets @ 350 each	₹ 10500
30 sweaters / jackets @ 300 each	₹ 9000
Sponsorships	
Sponsor an infant for a month (nursing, feed, maintenance & medical care)	₹ 40000
Sponsor a child for a month	₹ 3800
Food for a day for all the children	₹ 5000
Food for a month for all the children	₹ 150000

#### You could donate in the following ways:

Cheques may be issued favouring VISHRANTHI TRUST, payable at Bangalore  
Online payment at our website [www.vishranthitrust.org](http://www.vishranthitrust.org)

#### In India -

Tax exemption under Section 80G available for the donations

#### In the USA -

Tax exemption under 501© available for the donations

Please contact [vishranthi.bangalore@gmail.com](mailto:vishranthi.bangalore@gmail.com) for further details

臺北榮總傳統醫學部

陳芳佩主任

2017/12/27

## 印度義診針灸與教學 2017/12/9-15

### 心得與建議

#### 一、心得：

首先，感謝部立臺北醫院的邀請，才有這次機會首次到印度參訪。其次，感謝印度 Purana Foundation 的安排，致力將針灸學帶入印度，服務病人。再來要感謝施副院長的領軍，讓我們平安圓滿的進行各項交流活動，學習豐碩。還有感謝施宏昇醫師，一起進行針灸義診與沿途的照拂以及協助。另外，要感謝陳盈如主任嫻熟的行政處理與熱情的國民外交，讓我們行程流暢，吃住交通面面俱到，且隨時充份交換訊息，絕無冷場。最後，是要感謝這次的實際體會，親眼參訪阿育吠陀醫院，看療癒的實作，並聽 12 位醫學系學生的詳細報告，能夠清楚認識世界知名的印度傳統醫療體系。實在是收穫非常非常的豐盛，而衷心感念！



圖 1、歡迎兩國健康醫療交流的現場，有中華民國的國旗。  
經過這五天在印度的活動，發現印度竟然算是中醫先進國家的處女地，鮮少

傳統中醫與印度傳統醫學的交流，也沒有中醫的推廣。當世界各大國小國都開始採用針灸療診病人並且成立針灸學會時，印度這大國卻沒有跟上，鮮少針灸的醫療人員，更沒有醫學會可以交流。探詢原因，一是印度有自己傳承四千年的阿育吠陀(Ayurveda)原理，阿育(Ayur)是人生(Life)的意思，吠陀(Veda)則是知識(Knowledge)的意思。她們也使用非常多種的藥草等等，或服用或塗抹身體，所以似乎不需要學習他國的傳統療法。反而有引進德國的順勢療法，十分推廣。二是，阿育吠陀有自己的醫學系和醫院，維持有傳統文化的民眾需求。只是沒有阿育吠陀學會的成立，更沒有推廣至全世界的國際組織，就是專屬印度百姓，沒有進行現代化的需求。

印度人知道，首都新德里的唐人街很熱鬧，中醫很多。可是印度的窮鄉僻壤更廣袤，似乎就鮮少有中醫的駐足。這次是一位印度的 lady doctor, Dr Mamatha，她立志要把傳統中醫的針灸帶入印度，因為以她的瞭解，認為中醫針灸是比傳統阿育吠陀醫療法更快速而有效的。

我們第二天就去一間公眾集會場地，有近 50 位印度百姓前來就診，多數為關節疼痛的五、六十歲老人步履蹣跚的走來，女士多穿著傳統服裝，有家人陪同，講印文、英文或需家人翻譯。看診前、看診後，需要長期治療者，就建議回到 Dr. Manatha 的診所繼續求診。病人反應良好，對針刺卻也不排斥，沒有暈針產生。實習學生則協助準備針具與拔針，我們不時進行簡單教學。學生咸感收穫良多，因為只在課堂上學過針灸理論，今天有資深的中醫師親自診療，讓他們更加嚮往。隔日 Mamatha 醫師表示，病人的回饋相當滿意。



圖 2 針灸義診現況。



圖 3、印度醫學生渴望到台灣學習中醫。

第二天我們去參訪了阿育吠陀醫院跟醫學系，也跟校長，院長，教授，醫學生們，座談與示範針灸。她們關切的是，未來如何進一步的展開針灸教學？



圖 4 阿育吠陀醫院，政府出資，病人皆免費，有住院與門診。

阿育吠陀醫院的醫生把脈，瞭解不同體質(Prakriti)的失衡狀況，提供最佳的治療方針。會用加熱過的油按摩全身，能去除體內過多的熱與風(Vata)能量。按摩結束後，會進行蒸氣浴，從箱中探出一顆頭。Shirodhara 是種把油滴在額頭上的治療法，能夠使大腦平靜，改善焦慮及睡眠問題。「甜甜圈系列」(Basti)的療程

是把麵團搓成長條形，再圍成圈狀，放在頸部、背部、膝蓋等部位，最後淋入溫暖的藥油，停滯 45 分鐘。還有灌腸療法(oil basti)，是將藥水由直接灌入肛門和結腸，已達清潔及滋養的效果。另外還要參加瑜珈課程，透過伸展、呼吸與靜坐，練習釋放身心壓力，增進身心靈的治療效果。



圖 5 用麵團和藥水，療膝部痛。



圖 6 用麵糰和藥水治療脊椎病變。



圖 7 草藥油滴在額頭上，療頭部的病。

印度還有很多收容中心需要醫療與志工，來照顧老人與孤兒。她們不是政府的社區醫療單位，而是民間的非營利的地方，靠募款與自給自足來營運。他們養

牛，取牛乳、自己送菜，所以伙食是全素的。他們負擔不起高貴的現代醫療，所以很期待經濟有效的另類療法，比如中醫或靈療等等。所以，他們也希望能參加學習課程，學會一技之長。



圖 8 到 Bangalore 的療養中心，擬用針灸給老人義診。



圖 9 Bangalore 的社會型安養中心，也收容孤兒，要自籌募款，所以本團有致贈慰問金。中午一起用餐。

這次到印度義診與教學參訪，是臺北醫院的臺灣國際醫療教育中心(TIHTC)第一次到印度考察，主要是該院跟印度這個基金會有簽合作備忘錄，所以未來，前進印度的針灸推廣事宜，也會由臺北醫院來輔助。

Dr Mamatha 曾學西醫三年，然後想改學針灸，可是印度沒有針灸學校，所以她想同樣是傳統醫學，就進入印度的阿育吠陀醫學系，讀 5 年畢業。發現還是鍾情針灸，於是到美國西岸，找到幾位老中醫學習了 6 個月。她回去印度開了診所，主要用針灸來治病，除當地邁索爾(Mysore)的病人，還利用周末假日，到孟買、新德里等大城市，看診預約病人。她深信針灸的效益，也於今年七月到台灣進修 3 個月，所以推動了備忘錄的簽訂，與這次的活動安排。



圖 10 宣揚針灸的療效。

印度人對傳統有執著，反而不喜歡美國式的利益態度，也不喜歡大陸的疏離感。她們喜歡台灣的慷慨精神，樂善好施，不求回報，所以情願選擇台灣，來推廣中醫針灸。她們也不想學習中藥，因為印度也已有多種藥草的使用，有農場種植，且二百年前就有農場種植，至成顆粒狀藥粉，也可以自行種植採摘，熬煮成特色藥汁，來治療病人。這些藥物的機轉，印度並沒有研究分析如同中藥的使用，雖然使用廣泛，但是構造尚在研究中。

## 二、建議

如果讓一群印度學員來台灣，來回機票與吃住的花費會相當可觀，台灣未能補助，印度也籌不到經費。不如，由台灣補助老師的費用，印度出一部分學費，就可以經由一週密集教學，在印度灑下幾十位學生的種子，比較合宜。

因為針灸基礎課程要先紮實才能進行實務訓練與臨床運用，所以建議，由台灣派 2-3 位老師到印度，一週內密集上課，約 30-40 小時，把針灸基礎課程上完。印度方面，可以招收 30-60 名學生，採大班上課方式，課後考試，擇成績優異的 1-2 位，就可以補助到台灣來進行臨床見習與晉階教學。

最好邀請幾位台灣中醫學系的老师，他們已有豐富的教課經驗，若有英語能力，就可以到印度用英文密集上基礎課程。不用長期留在印度，只是請假 1-2 週的公出，應該具有可行性。

針灸不同，針刺的研究在國際上已有很多實證文獻且療效顯著，全球都漸漸納入正規醫療體系。針灸經絡的獨特理論與操作，是印度傳統療程所欠缺的，所以印度想學針灸而不學中藥。



圖 11、阿育吠陀醫學院的學生們認真聽課。對教授十分尊敬。



自從 1971 年以來，過去 40 年來台灣中國醫藥大學中醫學院的教授們，就曾經多次組團，到世界各國，開辦針灸課程，比如新加坡、巴西、澳洲、羅馬尼亞等國，輔助這些國家訓練針灸種子醫師，成立針灸研究學會，再組成東洋醫學會，亞洲針灸高峰會議等，讓針灸的學習與應用，逐步在各國推廣。他們不用把學生都帶來台灣上課，而是台灣的幾位老師一組，到各國去。未來在印度，也可以遵循此種模式，協助印度做針灸的教學。成績優異的學員，再安排補助到台灣來進修，對印度學員也具有鼓勵作用。

未來可以徵集中國醫大中醫學院的師資，或是中華針灸醫學會的會員為師資，進行未來跟印度基金會進行合作教學的長期計畫。至於臺北榮總的傳統醫學部門，未來可以跟國立陽明大學的海外醫療服務社團合作，申請科技部教學型計畫，配合政府南向政策，安排中醫師前往印度偏鄉，進行針灸教學與跨文化的印度傳統醫學比較，並藉由義診與安養院志工服務，完成教學相長與醫學人文的相互瞭解。或者，若有已安排到台灣來進修的印度學員，則可以到北榮傳統醫學部來見習 2 週。已學習臨床經驗，何中西結合的診療方式。

以上是綜合建議，請長官卓參。

## 附件七、施鴻昇總醫師心得與建議

印度心得

### 台灣中醫碰上印度阿育吠陀

施宏昇

台北市立聯合醫院林森中醫昆明院區總醫師，喜歡傷科，覺得雙手能立即幫助病患解除不適感。

#### 緣起一線牽

「您想去印度嗎？」一句話，竟與衛生福利部台北醫院與臺北榮民總醫院中醫科結緣，為自己帶來一輩子難忘的經歷，也開拓我行醫的視野。臺北市立聯合醫院林森中醫昆明院區許中華院長接到台北醫院的請託，便詢問我願不願意參與印度義診與醫療交流，聽聞此行為台北醫院第一次與印度當地簽屬 MOU 而成行的醫療交流，是具有歷史性的一刻，雖身負新任總醫師之重任但我立即點頭答應。此次與我們台灣接洽是當地針灸師-Dr. Mamatha，邁索爾 PURNAA foundation 的負責人，她曾經來台到台北醫院接受兩週中醫訓練，期間曾參訪北榮與聯合醫院，看見台灣中醫對於病患的高度療效，因此回印度後亟欲在印度推廣針灸治療，因此這次台灣義診對於雙方來說格外意義重大。從上次中國四川國外義診經驗，開拓我國際視野，也看盡偏鄉窮困與衛生落後的景象，此次又是另一項挑戰，感謝院方給我這個機緣能夠踏上印度義診之旅。

#### 奉獻我所能

班機從桃園中正機場起飛，途經曼谷轉往印度邦加羅爾(Bengaluru)，長達8146公里的因緣在此落腳。在邁索爾(Mysuru)裡，映入眼簾的是濃縮台灣近六十年來的社會剪影，從人力、獸力到電力，從茅草屋、磚造屋到鋼筋水泥，有種時空錯亂的感覺。

第一天頂著疲憊的身軀便開始首次在印度的中醫義診，當地前來看診的多為中老年人，很多都是下背痛為主要問題，因為無法使用科學中藥，僅使用中醫傷科搭配針灸療法，治療過後患者疼痛指數可以下降至一半以上，當地民眾非常驚訝改善如此明顯，因此開始排隊等候接受治療。治療過程有當地學習針灸的實習醫師跟診，學習台灣中醫如何接觸病人，討論病情，分析病因，並接受中醫治療，期間我們討論非常熱烈，他們表示中醫治療帶給他們如此震撼與驚奇。

本身傷科略有研究，但很多時候場地受限而技巧難施，但患者疼痛就在眼前能不處理嗎？深吸一口氣，由心去策動，身段放得更低更軟，觸覺感官診察更加細膩，而勝負就在這一瞬間。我認為醫師無法完全扮演上帝，因為無法預設生命的長度，卻能藉由醫療服務、傳遞關懷與信念支持等拓寬生命的廣度；奉獻所能，那內心悸動是人生最美的福報，更是雋永且彌足珍貴的回憶。

#### 當中醫遇上印度阿育吠陀

談到印度阿育吠陀醫學，就必須先提起它的故事

##### 1. 源起

阿育吠陀 (Ayurveda)，被認為是世界上最古老的醫學體系，中文一般譯為「阿育吠陀」或「生命吠陀醫學」，「Ayus」指的是生命，「Veda」指的則是知識或者智慧，兩者結合在一起，在梵文中的意思是指「生命的科學」，或是指生命或長壽的知識。阿育吠陀傳統醫學可以追溯到大約西元前3000年的吠陀時代。它以世界上最古老的有記載的綜合醫學體系而著稱，五千多年來被無數的印度家庭使用著。

##### 2. 阿育吠陀醫學的概念及原理

依據阿育吠陀的論點，人類應該和自然界和諧共存，而疾病的產生是由於這種和諧被破壞。阿育吠陀認為宇宙萬物由火、水、地、空、風組成，與中醫五行：金、木、水、火、土類似，人的疾病是由於體內

能量失衡，而阿育吠陀通過純天然的草藥、推拿、瑜伽療法來達到身體能量的平衡，恢復健康。阿育吠陀相信，身體的不平衡是由不適當的飲食和作息所致，因此調控自己的飲食及生活作息，是讓自己遠離疾病的方法。

阿育吠陀不僅利用天然草藥，更配合食療、瑜伽、冥想等方式，對偏頭痛、憂鬱症、失眠、慢性病等現代文明病特別有效。透過利用自然界及其產物恢復這種基本平衡是阿育吠陀醫療的主要手段和目的。這種觀念不僅用於治療疾病的過程，而且還適用於疾病的預防。阿育吠陀醫療體系的診治更專注於人的特性而非疾病的特性，因此在做出診斷之前，病人的年齡、居住環境、社會及文化背景及其體質都是要考慮的層面。

診斷的主要手段包括觸摸、檢查和交談等，並利用草藥去調整體質。它們的基本作用是激發各項器官的功能，因此阿育吠陀醫療的目的是透過調節飲食而化解健康問題，同時不會產生副作用，此目的與中醫理念非常相同。

### 3. 阿育吠陀醫學分類

古典梵文描述的阿育吠陀醫學分成八個組成部分，分別為：

古典梵文	分類
Kayachikitsa	內科，一般醫藥
Kaumarabhritya	兒科
Shalya Tantra	外科，外科手術技術和異物的取出
Shalakya Tantra	頭頸外科學及治療、眼科學和耳鼻喉科學
BhutaVidya	精神病學
Agada Tantra	毒物學
Rasayana	延緩身體老化，以延長壽命、增加智慧和力量
Vajikarana	生育學

阿育吠陀提供了一種智慧的概念和做法，幫助人們在實現全部潛能的同時一樣保持活力。提供了理想的日常和季節性活動準則，包括因應四季的變化、飲食、行為和正確使用我們的感官。阿育吠陀提醒我們：健康是我們的身體、心靈和精神與環境的平衡所集成。

### 4. 醫療方式

通過飲食、練習、草藥、按摩以及冥想來保持人體內三大生命能量的平衡是阿育吠陀醫學的基礎。阿育吠陀醫學基於一種理論：宇宙的一切，包括人體，都是由最基本的五種要素組成的，那就是：土、風、火、水和空間。這幾種元素在人體中以不同的比例呈現，構成人體內三大生命能量（稱為「doshas」），分別為瓦塔（Vata）、皮塔（Pitta）和卡法（Kapha）。

根據阿育吠陀的理論，我們每個人天生就是由三大生命能量以不同比例所構成的，瓦塔、皮塔和卡法這三種能量決定了我們的身體以及精神結構，比方說我們是肥胖還是消瘦，我們是容易相處還是容易暴躁。它們同樣決定了我們在防治疾病時需要哪種飲食、鍛鍊以及治療方法。當你去看一個阿育吠陀醫生時，他或她要做的第一件事情就是確定你的三大生命能量，這通過問你關於你的飲食、習慣和最近疾病的問題，還會檢查你的牙齒、舌頭、皮膚、眼睛和身體結構。這些醫生也許還會檢查你的尿液、糞便、說話方式、聲音以及脈衝。一旦醫生確定了你的三大生命能量，檢查了你的症狀，他會針對飲食、運動、冥想等調整三大生命能量的方式，提出自己的建議。

油療法（Snehan）屬於精油按摩，將體內的毒素通過熱療法（Svedana）或者通過待在加有藥的蒸汽室

內發汗來引導到胃腸道，按摩是一個恢復體內能量平衡的非常重要的組成部分，用一種更深、更慢的按摩方式，這種做法可以軟化組織、滋養皮膚、刺激內臟。

經過三至七天，便開始做帕奇卡瑪排毒療法的治療，其中包括以下一種或者多種步驟：

- (1)Vamana：在此過程中，病人喝一種草藥用來催吐，以消除肺部的黏液，這些黏液往往會導致反覆支氣管炎、咳嗽、感冒或者哮喘。
- (2)Virechana：在此過程中，患者服用一種輕瀉劑來清潔肝和膽的毒素，以減輕腸易激綜合徵、腹部腫瘤及黃疸。輕瀉劑是一種類如番瀉葉、西梅干、麩皮、亞麻籽殼或蒲公英根的典型草藥。
- (3)Basti：在此過程中，患者被給予中藥灌腸來清理較低處的腸子，以減輕便秘、腎結石、腰酸和多動症。
- (4)Nasya：在此過程中，草藥油被灌入到病人的鼻子，來清潔鼻腔，以治療偏頭痛、鼻竇炎、面癱和精神障礙。
- (5)Rakta Mokshana：在此過程中，病人接受放血來清潔血液中的毒素，以預防反覆發作的濕疹、痤瘡、疥瘡、慢性癩癢和蕁麻疹。

## 5. 結論

阿育吠陀與中醫皆使用天然草藥醫療各種疾病，在中國很早以前就有由戰國及秦漢醫藥學家搜集整理成書的《神農本草》，而作為古文明發源地之一的印度，也是世界上最早使用藥草植物的國家之一，因此阿育吠陀和中醫有異曲同工之妙，不但都強調追求身心和精神上的健康來達到預防疾病的目的，同時也都廣泛的應用草本植物。但阿育吠陀似乎無法處理身體深層的不適，中醫透過傷科手法與針灸刺激，可以解除深層筋骨沾黏或錯位，而無法單純使用按摩可以緩解，因此中醫在印度的確是有很大的發展與合作空間。

### 此次醫療交流建議

- 1、此次醫療交流非常成功，讓印度民眾接觸台灣中醫，了解台灣中醫治療模式，增進印度民眾對於中醫治療信心並產生濃厚的學習興趣，有助於台灣在印度的國際拓展，這都歸功台北醫院規劃此行。
- 2、此次僅有規劃7天，印度在地負責人規劃行程安排上較匆忙，加上邦加羅爾(Bengaluru)與邁索爾(Mysuru)車程需要4小時以上，無法按照既定時間開始而縮短交流活動實屬可惜，建議或許可以再延長2-3天。
- 3、此行僅有在印南地區進行醫療交流與義診活動，希望下次可以前往西部孟買或印北地區等經濟與政治重鎮，並期待透過此次在印度的人脈，輾轉與印度官方合作，增加台印的國際醫療交流。
- 4、參訪印度當地傳統醫療-阿育吠陀(Ayurveda)，相關器具與設備不及台灣先進，建議邀請印度院方代表前往台灣考察與交流，展示台灣先進的醫療設備，並提供相關廠商資訊，以配合政府南向政策，增加台灣優良產品輸往印度及南亞地區，促進醫療與經濟交流。
- 5、此次義診台灣針灸與傷科治療臨床疾病效果明顯，建議可鼓勵並邀請印度醫學相關學員前往台灣學習，台北醫院為台灣北部國際醫學交流之翹楚，辦理相關醫學交流經驗豐碩，也許可以再整合其他醫療資源，例如中醫師公會、中醫相關醫學會、全台中醫學院及中醫教學醫院等，訂定中醫國際化之課程內容，讓各國對中醫有興趣之學員可以選擇並接受短期中醫基礎與臨床訓練，一方面也可拓展台灣在國際的知名度。